ACCE Programs
Please the Prez
ACCE continues to grow with many fine programs for the clinical engineering community planned for 1999

A Smiling Bob Morris Applauds the Work of ACCE

ACCE Annual Meeting in Boston this June
Mark your calendars today!
Boston on June 8
ACCE Annual Meeting

ACCE ACEW in Hartford
Management Issues, Business Practices and Team Building are focus of ACEW June '99.
Trinity College, Hartford, Connecticut
See newsletter insert.

Mexico ACEW
Pictorial (pages 4 & 5)

2nd ACCE Clinical Engineering Symposium
Clinical Engineering & Information Systems
Boston – June 5, 1999
HealthTech '99
Many ACCE members comprise the faculty at HealthTech '99 in Baltimore this April. See pages 10 & 12

More on Y2K
Bob Morris's President's Message on page 2
Joe Dyro's Editorial on page 8
The Mission of ACCE

1. To establish a standard of competence and to promote excellence in Clinical Engineering Practice.
2. To promote safe and effective application of Science and Technology to patient care.
3. To define the body of knowledge on which the profession is based.
4. To represent the professional interests of Clinical Engineers.

ACCE on the Web
http://accenet.org

President's Message
Robert L. Morris, PE, CCE, morris@ohsu.edu

It seems that everyone is busy with Y2K in his or her hospital and/or organizations. Y2K has created a great deal of work for most of us and we have not been granted more hours in a day to complete the task. Y2K issues are interesting from a couple of perspectives. First, Y2K is truly a global problem. It affects every country, every region and every government. Problems of this breadth are extremely rare. Second, there is a deadline that is absolute. It cannot be changed or delayed by individuals or governments, regardless of their power. These aspects of the Y2K problem provide more than passing philosophical interest. How interdependent are we members of the planet earth? We may find the answer to at least part of that question next year. There is one significant benefit of the Y2K problem for hospitals and organizations that has not been frequently mentioned. As of January 2000, every organization that has completed its Y2K project will have an inventory of equipment that is unique in our history. The inventories will be more complete and error free than ever before. Such an inventory is the basis (particularly when linked with maintenance history) for effective management of the technology represented by the inventory. Those organizations that are wise and plan ahead, will recognize the strategic value of such an inventory and will put in place by year 2000 procedures and policies to ensure the continued integrity of the inventory and data base.

For Clinical Engineering Departments, an accurate inventory will mean closer coupling to the processes of acquiring new devices and the processes of decommissioning old devices. To be successful, these processes must be tight and supported by the highest levels of the organization. It will also mean better management. The first rule of management is If you can't measure it, you can't manage it. The unprecedented accuracy of the inventory and, hence, the associated maintenance data should lead to better strategic planning in Clinical Engineering Departments as well as better day to day decisions. Of course if the inventory is accurate and the maintenance history is not, all bets are off. Look therefore to your internal department processes to ensure your ability to take advantage of the one great positive offered by all of the effort going into Y2K. Have fun.
ACCE News

Editor's Emendation
Telemetry Task Force Correction

The feature article in the last issue of the News described the fine volunteer work ACCE members are doing on the Task Force assembled to respond to the new FCC regulations concerning allocation of telemetry frequencies (Vol. 8, No. 6, page 11). The names of two members of the Task Force who are also ACCE members were unintentionally omitted. Apologies are extended to David Paperman and Paul Sherman. Printed below are the members of the full task force along with their affiliation. ACCE members are printed in bold font. The next issue of ACCE News will feature the final recommendations of the task force.

Andrew Burger, M.D., BI Deaconess Medical Center
Gerry Buss, Marquette Medical
Caroline Campbell, Washington Hospital Center
Yadin David, Texas Children's
Steven Deick, Mayo Foundation
Mike Dempsey, Hewlett Packard
Rich Eaton, NEMA
Steve Juett, Baylor University Medical Center
Mark Kotfila, Hewlett Packard
Herb Kuhn, AHA
Joe McClain, Walter Reed
Joe Martori, Executive Director of ASHE
David Paperman, Texas Children's
David Pettijohn, VitalCom
Mark Pettinato, Walter Reed
Paul Sherman, VA
Mary Beth Savary Taylor, AHA
Jonathan Weil, Hewlett Packard
Jeff Wells, Marquette
Stan Wiley, Spacelabs
Dave Wilson, National Association of Broadcasters
Liaisons:
Julius Knapp, FCC
Josh Roland, FCC
Don Witters, FDA

ACEW Faculty Needed

Several Advanced Clinical Engineering Workshops (ACEW) will take place during 1999. Coordinators of the ACEWs in Africa and Russia, Tom Judd and Yadin David, respectively, are organizing the faculty now. Anyone interested in serving on the faculty of either of the two workshops are urged to contact these coordinators. Tom Judd is at 404-364-7140 and Yadin David is at 713-770-1817.

All ACEWs are financed independently of your ACCE membership dues. Generous sponsorship by corporations, government bodies and non-government organizations make these workshops possible. Many clinical engineers students and faculty alike around the world have been enriched by participation in workshops held in Washington, Boston, Beijing and Mexico City.
Hospital Angeles del Pedregal was the site of the highly successful ACEW held in Mexico City in November, 1999. Ing. Claudia Cardenas, herself a former workshop participant, was hostess to the event which drew over 80 participants from Mexico and Venezuela. Adriana Velazquez was superb in organizing and directing the ACEW. Special thanks go to PAHO Clinical Engineering Head, Antonio Hernandez, for his tireless efforts to spread clinical engineering throughout the Pan-American countries.

ACEW participants brainstorming to solve vexing problem presented by Joe Dyro during session on Creative Problem Solving

Participant gives heartfelt thanks for the workshop

Bob Morris emphasizes the importance of developing a budget and determining costs
ACCE News

Workshop participants and faculty enjoy delicious cuisine and lively conversation.

Entering the design stage in creative problem solving.

Participant gives heartfelt thanks for the workshop.

Gaev gets to go
Faculty member Jonathan Gaev (ECRI) works with a winning team in Dyro's egg drop challenge. Team members were Ing. Rene Tena, Inga. Maria de Lourdes Guíllez García, Gaev, Ing. Aldo Arevalo and Ing. Luis Cancino Poblando.

The team successfully designed a contrivance to enable an egg to be dropped from a height of 6 feet without breaking. The other winning team was comprised of Gabriel Moreno, Ruth Evelyn Delgado, Mª de la Luz Álvarez, Luz María Díaz, Patricia Ramírez Cordero, and Jose Alfredo Jimenez.

All work and no play make Jack and Jill pretty dull
Following the ACEW in Mexico City, participants and faculty joined colleagues from around the world in Mazatlan for the XXI National Biomedical Engineering Conference, the First Latin-American Conference on Biomedical Engineering, and the IV International Conference on Clinical Engineering. Here hard-working clinical engineers kick off their shoes for a little fun on the beach.
ACCE News

FDA SLATED FOR BUDGET INCREASE UNDER CLINTON BUDGET

The Clinton administration's budget request for the Food and Drug Administration for FY 2000 totals $1.35 billion, a $216 million or 18 percent increase over FY 1999 appropriations and would provide for 9,653 full time equivalent staff (FTEs) or 709 more than in FY 1999. The request, if enacted, would represent the largest addition to FDA's resources in the agency's history.

ACCE International Committee Activity
Sam Miller, Chairman, internationalchair@accenet.org

The International Committee held brief meetings in December and January, primarily to move ahead the project for producing an ACCE brochure entitled CLINICAL ENGINEERING SUPPORT TO DEVELOPING COUNTRIES. The final wording and format for the brochure was approved by the ACCE board at the January 14th board meeting. The brochure is now being prepared for printing, courtesy of ECRI, and copies should be available for distribution with the next newsletter. The brochure provides information about how the ACCE offers training and consultation to health managers and practitioners, engineers and technicians on issues concerning technology — its planning, acquisition and support. In this manner, ACCE helps to further the goal of providing better health care world-wide through the deployment of appropriate, safe and more economically supported medical equipment.

The Committee is working on two other projects: an International technical library and a program to encourage membership and participation from clinical engineers in countries that are economically depressed. The library project scope is being defined, and if feasible, will be developed over the coming year. One primary objective is to provide accessibility to technical service information for the kinds of older equipment that are still in use in developing countries. The program to encourage membership from these countries stems partly from the fact that although we have approved over sixty new international CE members over the past seven years, forty-seven of those have let their membership expire. We are looking at ways to help those under economic hardship apply for financial assistance with the annual dues. We hope to be able to announce the details of such a program within the next few months. If anyone wishes more information about this program, please contact me via email at: internationalchair@accenet.org. At the present time ACCE has fifteen international members from countries such as Brazil, Colombia, Mexico, Nigeria, Moldova and Abu Dhabi. Adios, mi amiga.

Biomedical/Clinical Engineering Week
Paul.Sherman@med.va.gov (Sherman, Paul)

As part of National Engineering Week, the St. Louis Science Center hosts an Engineering open house. During Feb 20-21, local engineering groups display information highlighting their specialty. For the second year, the Gateway Biomedical Society will host a hands-on display demonstrating the role Clinical/Biomedical Engineering plays in health care. As a member of Gateway Biomed I will help with the display again this year. The display includes an endoscope with props to view into, pulse oximetry and pulse rate measurement, several generations of defibrillators and other items. The booth was a hit with the public, the media and the science center last year and promises to be as much fun this year.

We are especially pleased to report that Missouri Governor Mel Carnahan has favored us with his proclamation of February 21-27 as Biomedical/Clinical Engineering week.

Manager Clinical Engineering/ Telecommunications

University Hospitals & Clinics, a 400-bed Level 1 Trauma Center is currently seeking a qualified professional to manage the operational, financial, and personnel activities of the Clinical Engineering and Telecommunications Departments. This health care facility is located on the University of Missouri - Columbia Campus on a major highway tributary between St. Louis and Kansas City. Qualified applicants must possess a Bachelor's degree in Electronic, Electrical or Clinical Engineering or other health related profession or an equivalent combination of education and experience. A Master's degree is preferred. Five to seven years experience as a Clinical Engineer is necessary. Certification by the International Certification Commission in Clinical Engineering is required. Strong communication (both written and verbal), organizational, management, and delegation skills are necessary. Previous experience in the management of hospital Telecommunications with emphasis on Operator Services is strongly preferred. Inquiries: Personnel Dept., One Hospital Drive, Rm. 1W42, Columbia, MO 65212. 573-882-8186, 573-882-8188 fax.
Membership Renewal Vital to Life

Don't wait a minute longer. Renew your membership today. ACCE can exist only if it has active, dues paying members. Your Board is committed to making the most of the $50 annual dues. The Board, committees, and individual members all advance the profession by advocating for clinical engineering, bringing you news, offering educational programs, giving discounts at professional meetings, and assisting in networking with your peers.

People on the Move and in the News

President Morris in Cuba

During the first two weeks of January Bob Morris was in Cuba consulting for an NGO interested in improving the quality of care at three pediatric hospitals in Havana. While there, he met some Cuban friends who are clinical and biomedical engineers. As a result, the Cuban Biomedical Engineering Society invited him to lunch so he could renew old acquaintances. As President of the ACCE, he extended warm greetings from their co-professionals in the USA.

The photograph below documents the event. Bob reports that our Cuban colleagues are very interested in establishing closer relationships with US clinical engineers. Many of them will submit papers for the Clinical Engineering Track of the Chicago 2000 World Congress of Medical Physics and Biomedical Engineering in 2000. With President Clinton's encouragement of scientific and cultural exchanges with Cuba, this will provide an excellent opportunity to meet and discuss issues of mutual interest.

Painter Cuts the Cord

Frank Painter has a new job. Frank is head of his consulting company based in Connecticut. Technology management, JCAHO preparedness, asset management, incident/accident investigation, and educational programs are among the services he offers.

Frank's new coordinates follow:
Frank R. Painter
35 Grandview Drive
Trumbull, Connecticut 06611
Bus: (203) 261-3921
Bus Fax: (203) 261-2109
E-mail: frpainter@earthlink.net
My View of Y2K  Joseph F. Dyro, Ph.D, CCE, FACCE, jfdyro@aol.com

Whether you believe in them or not, the grim prognostications of the doomsayers are the dreadful electric shock scaremongers of the ‘90s. Every technical and lay publication that crosses my desk contains a Y2K commentary, advisory, or joke. Sorting out the wheat from the chaff is paramount. Overreacting is a huge mistake wasting valuable time and financial resources. Don’t bury your brain below the basement like an ostrich nor fly off the handle like Henny Penny when a misguided acorn cracks you on the skull.

Realize the tremendous opportunity you have to excel in a land of well-reasoned logic heavily populated by utter nonsense and hysteria. Hospital patients and clinical engineering stand to benefit from a balanced, reasoned approach to the current crisis. Think back to the ‘60s. Ralph Nader and the Ladies Home Journal sent electrical shock waves through hospitals and hearts of administrators. The ensuing fear produced thousands of jobs for clinical engineering and ushered in an era of medical device safety and technology management. Who better now to sort out the truth of Y2K and to add value than the clinical engineer and the biomedical engineering technician? Don’t let the bean counters, the information services folks, the politicians and assorted cranks rule the process. When it comes to medical devices the clinical engineering professional is the one who has the answers. Clinical engineering will emerge as a household word, the folks that rode in on white stallions and slew the demon doomsday dragon.

The most obvious results I have seen of Y2K projects were the creation of an accurate inventory and the revelation of inadequate technology management processes. For example, an otherwise well run hospital was found to have an existing device inventory of which half the devices had been hailed on the dumpster over the years and their replacement devices were on patients but not on the inventory. Adopting a policy of incoming inspection and improved medical device management including addressing device obsolescence are positive results.

We are fortunate to live in a land where a system of justice exists enabling the wronged to seek redress. The system does, however, rightly or wrongly heighten the sensitivity to legal challenge should the work not be done and should the work be done in an unsatisfactory fashion. Consulting firms have been dragged into the courts even now for poor performance. Fearful of this, consulting firms order an inordinate amount of near mindless documentation of what was done and who said what to whom. This simply increases cost with no measurable benefit to the patient.

Have pity on the poor hospital chief trembling with fear and flushed with embarrassment. He worries that a patient might die because he did not act on the issue. He is ashamed to say to his country club buddies, the bank presidents and Fortune 500 CEOs, that he’s only now getting around to it when they all along have been pouring millions into the breach to assure that business will span seamlessly across the New Year’s threshold. So what if a few analyzers print out December 32? Let’s not forget that there once was a time when we employed people to care for patients, and when machines failed the people made do. Put a few more people on staff to be on guard in the wee hours of the first day of 2000. This strategy would save millions in overkill analysis and would make the coming of the new year a lot more pleasant for the unfortunate souls who are hospitalized on that night.
ACCE Board Highlights
Jennifer C. Ott, Ott@slucare1.slu.edu
Thursday, October 29, 1998

Present: J Ott, B Morris, B Patalia, D Minsen, F Painter, C Campbell, B Porras, K Taylor, B Morgan, K Galanopoulos, B Wang
Excused: J Secunda, J McClain, T O’Dea

Minutes of the last Board Meeting (J Ott): Minutes of the August 26, 1998 Board of Directors Meeting were unanimously accepted.

Officer Reports

President (B Morris)
- Morse Medical Contract expires at end of year. We receive 25% of what is sold. The contract allows a ½ page ad in every Newsletter. This can be modified so that we guarantee him a minimum of ½ page to a maximum of 2. The two websites, ACCEnet.org and Morse Medical, should be linked.
- ACCE Board of Directors unanimously approved B Morris to sign contract with Morse Medical once issues are discussed and advertisement negotiated.
- F Painter is still working on the Membership Expansion project. Second letter has not gone out and will not because the 1999 renewals will be going out soon. A letter should be generated from the Board or President to initiate new members after the first of the year. This can be sent out based upon the lists J Dyro has for the Newsletter.
- Speaker list and database is still in the works. B Morris has expanded his list. S Trojanowski will forward a copy of his questionnaire to B Morris to review. It will help to solicit where the interests lie.
- Bill Betts requested feedback to present to AAMI regarding improving our relations.
- F Painter attended the program meeting. We will be providing support to AAMI by holding the Symposium on Saturday morning, our Annual Meeting. AAMI may let us run the Management Track for future meetings.

Second Vice President (B Porras)
- Symposium topic will be The Future of Clinical Engineering: Clinical Engineers and Information Systems.

Secretary (J Ott)
- Directory will be available in hard copy format in 1999.
- Information on the wording for the plaques was received and they will be developed.
- Would like the logo to use in developing the Directory.

Treasurer (B Patalia)
- We are behind budget because of teleconference, ACEW, and grant revenue. We will request that members renew for multiple years and cover 1998 if they have not renewed.
- Finance Committee (B Patalia, B Porras, J Secunda) will work on the 1999 budget and develop ways to invest funds.

Committee Reports

Membership (K Galanopoulos)
- Individual Members: Ahmed H. Al-Thumairi, Marcio Roberto Martins Serra, Kevin Taylor, Ahmad Matt Farzaneh, Stephanie Barbiero, Ronald Baumann, Albert L. DiRichmond, Antonio Hernandez; Candidate Member: Vinnie DeFrancesco; Associate Member: Radhika Sivaramakrishna, Brian Poplin, Gregory Baete, George Mills, David Francouer

ACCE Board of Directors unanimously approved all members.

Advocacy (T O’Dea)
- Will be attending the AIME summit meeting on Nov 6-8 as requested by B Morris
- Article on infant warmers published in the Jul-Aug issue of BIT
- Working on article on quantitative results for various types of defibrillators (implanted, AED, traditional) as requested by the AAMI Management Committee
- Tom’s company, Hemoxy LLC, is preparing a technical article on an in-vitro stress test for coronary artery oxygen diffusion.

Other Activities

HealthTech 99 (B Wang)
- Program developed and sent to Board Members for review.
- Partnership agreement for 2 years developed and reviewed by the Executive Committee. It includes ACCE membership discounts to HealthTech; Registration commissions, Marketing and promotion, Meeting rooms, and Conference Speakers
- There will be a booth at the meeting staffed by ACCE attendees. If you would like to assist and develop the booth please let B Wang and F Painter know.

ACCE Board of Directors unanimously voted to accept agreement with changes suggested.

ACEW (B Morris)
- Mexico workshop will be in November. Faculty is heavily represented by ACCE members.
- A Clinical Engineering Symposium will occur in Mazatlan after the ACEW.
- The spring 1999 Hartford workshop will be held at Trinity College beginning the Thursday after AAMI. Registration will be similar to the Washington program with room and board available at Trinity. Vendors can international and national solicitation will offset cost and provide registration.

Newsletter (C Campbell)
- Assistance is needed in soliciting new advertisement. Telemetry EMI (C Campbell)
- Joe McClain, C Campbell and Y David have joined a telemetry task force. The FCC is trying to define the process and discuss with the clinical community to determine what requires monitoring, to identify the portion of spectrum required and to educate the medical community on EMI. The FCC hopes to act quickly on recommendations expected by year’s end.

Website (B Morgan)
- Member only section is being developed and would require a password for individuals, which could be a membership number followed by their name.
- Mail forwarding is now available for officers.

AAMI Midyear 2000 (B Patalia)
- ACCE can co-sponsor with MSCE and provide faculty and speakers and share in the profits.
HealthTech '99 Features ACCE Track

ACCE is pleased to announce that an ACCE Track will be featured at HealthTech '99 at the Baltimore Convention Center, Baltimore, MD, April 25-28, 1999. ACCE members will chair 12 sessions (see below). Speakers in these sessions are listed below and include many ACCE members. For registration call Lisa Narciso at 401-434-1270 Ext. 207.

- Indicators of service quality --- Greg Davis Mo Kastl, Wayne Morse, Dave Dickey Monday, April 26
- Risk reduction and sharing --- George Johnston, Marv Shepherd
- Asset management/Outsourcing --- Malcolm Ridgway, Frank Painter, Mark Brody, Tom Legacy, Mike Carver, Larry Hertzler
- FDA's proposed regulation of servicers. The Sequel --- Binseng Wang, Tom Baud, Caspar Uliriks, Elliot Sloane, Ed Kimmelman, Malcolm Ridgway, Bernie Liebler
- Servicer training --- Manny Roman, Jim Wear Tuesday, April 27
- Telemedicine & Wireless Telemetry --- Yadin David, David Natale
- Year 2000: Is now too late? --- Tobey Clark, Bob Larkin, Thomas Shope, Jim Keller, Binseng Wang
- JCAHO EC Standards: Interpretation challenges and improvements needed --- Al Levenson Mann Furst, Larry Hetzler, Britt Beret, Ode Keil
- International training --- Elliot Sloane, Bob Morris, Antonio Hernandez, Tom Judd, Sam Miller
- ISO-9002: Is it really applicable to CE Departments? --- Dave Simmons, Tim Ritter, John O'Donnell Wed., April 28
- Incident investigations --- Mark Bruley, Marv Shepherd, Bob Morris, Joe Dyro
- Manuals in CD-ROM --- Al Jakniunas, Don Trambatore, John Reich, Ray Seblock, Dave Harrington, Gerald Zion, Dave Kaputa, Carl Dimario

Advanced Clinical Engineering
Workshops in 1999

June
Hartford, CT
ACCE / BEACON (sponsors)
Chair: Frank Painter 203-261-3921

July
Moscow, Russia
ACCE / WHO / Association of Medical Physicists of Russia
Chair: Yadin David 713-770-1817

November
Johannesburg, South Africa
ACCE / WHO
Chair: Tom Judd 404-364-7140

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Somatom is a registered trademark of Siemens Medical Systems, Inc.

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MORSE MEDICAL

Guidelines for Medical Equipment Donations $25
1997-98 Membership Directory $25
CE Study Guide:
  - Book $70
  - Disk $90
  - Book & Disk $150
CE Definition Plaque $40
Code of Ethics Plaque $40
Lapel Pin $8

Teleconference Audio Tapes (incl. handouts) $30
  - Business Planning Simplified, Tom Zdon
  - Implementing CQI in a Cost-Conscious Environment - Lana Berry
  - Perspectives from a CE in Managed Care: Where is our Role in Healthcare Headed? - Tom Judd
  - Breakthrough Management - Gallord Gordon
  - Incident and Accident Investigations - Marvin Shepard
  - Benchmarking - Robert Stiefel
  - Cost of Ownership/Cost Effectiveness of Service Support - Denise M. Axelrod-Kahn
  - Tools for Technology Managers: Strategic Technology Planning - Yadin David, Ph.D.
  - Medical Equipment Service Contract Management - David Simmons

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  - Your Clothing Item $20
  - Polo Shirt (sm, m, l, xl: white) $40
  - Sweatshirt (sm, m, l, xl: white) $40
  - Hat $25

Vol. 9, No. 1, 1999
HealthTech '99
Charting a Course to the Future

APRIL 25-28, 1999 • BALTIMORE CONVENTION CENTER • BALTIMORE, MD

Digital X-ray. Asset management. PACS. Telemedicine. Y2K. What is your top priority in the next millennium? Which market factors will lead to success in healthcare technology in the next decade?

If you were at HealthTech '98, you would have heard first-hand from the President and CEO of GE Medical Systems, Jeffrey Immelt, as he forecasted challenges for the healthcare industry beyond the year 2000. Don't miss your opportunity to find out what other members of the healthcare industry's elite will be saying at HealthTech '99.

The annual conference and exposition dedicated to the selection, integration, management and support of healthcare technology, promises insightful, strategic and practical business solutions to thrive in today's changing healthcare environment. HealthTech '99 assists professionals in understanding the interdependency of clinical and information systems to accomplish managed care's goals of reducing costs while improving overall patient care.

In its fifth year, HealthTech '99 offers more than 100 exhibitors and 75 educational seminars over four days hosted by hospital professionals and industry experts who can help define and design a clear business vision in this increasingly complex industry. HealthTech '99 also affords the opportunity to network with industry colleagues to enhance business prospects and possibilities. Chart your course to the future... join us for HealthTech '99.

FOR MORE INFORMATION ON ATTENDING OR EXHIBITING AT HEALTHTECH '99: CALL LISA NARCISO AT (401) 434-1270 EXT. 207.
Web Trappings
B. J. Morgan, Webmaster, jmorgan@ibm.net

Some of you may have noticed that recently the ACCE web pages were not updated very often. This was due to an intermittent hardware problem in the Webmaster's computer, which eventually resulted in a total system crash with no backup available. Having finally located the problem and rectified it, we are now in the process of rebuilding the system. It is now about 80% completed, Web page updates are again being made as required, and work has resumed on site upgrades.
Concerned About Being Outsourced?
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Fisher Consulting Services, Inc.
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- Technical Consultant will provide benchmarking services
- Receive discounted OEM labor and parts

Compare our program to all others and see why Fisher Consulting Services, Inc. is again one of Detroit’s Top 50 Growth Companies for 1997!

For further information, call Linda Green

Calendar of Events

- AIMBE Eighth Annual Event, Therapeutic Delivery: Opportunities and Challenges, March 12-14, 1999, Washington, DC.
- 1999 Northeast Bioengineering Conference, April 8-9, 1999, Hartford, CT. 860-768-5079; nowak@mail.hartford.edu.
- 18th Southern Biomedical Engineering Conference and the 2nd International Conference on Ethical Issues in Biomedical Engineering, May 20-23, 1999, Clemson University, Clemson, SC. 864-656-7603; ssaha@clemson.edu; www.techexpo.com/
- AAMI Annual Meeting, June 5-9, 1999, Boston, MA.
- XXVIth General Assembly of the IURS, Aug. 13-21, 1999, Toronto, Canada, 613-993-7271; ursi99@nrc.ca.
- EMBEC ’99, Nov. 4-7, 1999, Vienna. +43 1 588 04-0, +43 1 586 91 85 fax.
- 10th Annual Northeastern Biomedical Symposium, Nov. 8-10, 1999 Manchester, NH. Info: www.mnesbt.org.
ACCE Board Highlights
Jennifer C. Ott, Ottj@siucare1.sluh.edu
Thursday, January 14, 1999.

Present: J Ott, F Painter, B Porras, B Patali, D Minsent, K Taylor, C Campbell, B Wang, Galanopolos, J Wear, S Miller
Excused: J Secunda, J McClain, T O’Dea, J Dyr, B Morris, B Morgan

Minutes of the Last Board Meeting (J Ott): The minutes were reviewed and unanimously accepted.

Officer Reports
President (B Morris)
- Morse Medical Distribution Agreement – W Morse would like us to review our agreement with him. He wants to reduce what he markets to the CCE review group and remove the non-participatory clause to allow him to be more active in ACCE. The Executive Committee agreed to these modifications.

ACCE Board of Directors unanimously approved reducing the ACCE items Morse Medical sells and his agreement will allow him to participate.

- WHO has a clinical engineering committee made up of representatives from around the world. They are going to create a list server and would like to use our name in the sponsorship of this committee designed to enhance clinical engineering around the world. They will then let us participate in their list server.

ACCE Board of Directors unanimously approved ACCE sponsorship of WHO CE committee.
- World Congress on Biomedical Engineering moves around the world and encompasses all the international and national biomedical engineering groups. In July of 2000 it is Chicago. The CE track, 5% of the meeting, needs an organizer. Y David, T Bauld, and J Dyr are suggestions.

ACCE Board of Directors unanimously approved ACCE to assist
- The 1999 renewals will be assessed and then further membership expansion may take place.

Second Vice President’s (B Porras)
- Second ACCE Symposium, The Future of Clinical Engineering - Information Systems and Clinical Engineering Relationships, will be held in conjuction with AAMI this year. AAMI will coordinate, assist with costs, and advertise.
- Year 2000 Symposium – The California Medical Instrumentation Association has provided their assistance to help organize the symposium when AAMI is in San Diego.

Secretary (J Ott)
- The 1999 Directory will be put together in March.

Treasurer’s Report (B Patali)
- Our aggressive 1998 budget dipped into the red because of Teleconference and newsletter advertising income lags.
- The 1999 proposed budget shows an income of $29,064 and expense of $22,942 for a $6122 revenue.

ACCE Board of Directors unanimously approved the proposed budget with a teleconference change.

Committee Reports
Membership (K Galanopolous)
- In 1998 15 Individual, 10 Associate, and 2 Candidate members were accepted. One member was promoted to Fellow.
- New Members proposed are Richard Fechter (Individual member) and Dean Skillcorn (Associate member)

ACCE Board of Directors unanimously approved the members.

Education (J Wear)
- 1998 Teleconference had an average of 10 sites. Most reviews were quite good. 1999 planning is underway.

International Committee (S Miller)
- A brochure was designed to help developing countries with training and consulting activities.

ACCE Board of Directors unanimously approved completion and printing of the brochure.

Other Activities

HealthTech 1999 (B Wang)
- Agreement has been signed for 1999 and 2000 for ACCE to develop a track for HealthTech.

FCC Telemetry project (C Campbell)
- Four workgroups have submitted recommendations to the FCC: definition of medical telemetry; bandwidth required to support telemetry needs (12MHz dedicated); spectrum evaluation to recommend a specific frequency band for medical telemetry of 608-614MHz (ch 37), 1385-1390MHz, and 1432-1435MHz with a transition period of 3-5 years; and educational issues related to EMI and telemetry.
- ASHE and AAMI have expressed an interest in the proposed telemetry manager position. The manager would coordinate registration and communication and track all those who are registered as licensed primary users.

Website (F Painter)
- Accenet org is working well. Many groups such as the International Committee have expressed interest in having their name linked to an e-mail site.

ACEW in Hartford, Moscow, and Africa (F Painter)
- Hartford is scheduled for the 3 days following AAMI. Dr. Bronzino is providing the facilities. This will be co-sponsored with BEACON. ACCE, New England Clinical Engineers are putting the program together.
- Moscow will occur in the last week in June 1999. WHO is co-sponsoring with the Moscow Medical Physics Society. Faculty is needed. Contact coordinator Y David.
- The African workshop will occur the first week in Nov 1999. WHO is also sponsoring. Contact coordinator T Judd.

FDA (B Wang)
- C Campbell will represent ACCE at an FDA session on the relationship between the FDA and the health professional community.

AAMI Midyear 2000 (F Painter)
- Taking place in Michigan co-sponsorship with the Michigan society. ACCE involvement possible.
The Future of Clinical Engineering:
Clinical Engineering & Information Systems

On Saturday, June 5, 1999, a panel of visionaries from a variety of backgrounds will lead a discussion of the future relationships between clinical engineers and hospital information systems departments. Methods used to develop partnerships between Clinical Engineering and HIS to improve the clinical engineer’s position going into the future will be discussed. Adequate time is planned to maximize audience participation for questions and answers, brainstorming, and alternate points of view. The formal program will run from 8 AM to 11:30.

- Brian Porras – Technology Assessment Specialist, Premier, Inc. (Host and Moderator)
- Dean Athanassiades – Consulting Manager, Hewlett-Packard Company (vendor perspective)
- David Walczak – Vice-President, BayHealth Medical Center (hospital administration perspective)
- Bill Short – Director, Contracting (IT), Premier, Inc. (health care market perspective)
- Richard Schrenker – Clinical Engineer, Massachusetts General Hospital (hospital-based clinical engineer’s perspective)

This symposium is being held as part of the AAMI 99 Annual Meeting
Hynes Convention Center, Boston MA

When registering for AAMI, indicate that you wish to attend the ACCE Symposium (B-1) on Saturday, June 5.

By registering for AAMI 99 you will have access to over 75 educational programs and an Exhibit Hall featuring leading medical equipment manufacturers and service providers.

For information contact AAMI, 703-525-4890 ext. 260, education@aami.org or Chairman Brian Porras, 704-679-5056, brian_porras@premierinc.com