

ACCE News

Newsletter of the
American College of Clinical Engineering

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January February
2004

Presidents Message: *Our Mission*

Somewhere in every issue of ACCE News, you will find a copy of the ACCE Mission Statement. We see it so often, that it should be second nature. The reality, however, is that for many of us, it is just taken for granted. In our busy lives, concepts like “represent the professional interests of clinical engineers” and “promote excellence in clinical engineering practice” seem to get lost in the shuffle.

But it is precisely these things, which ACCE, through leadership in action, brings to our lives every day. The teleconferences, Annual Symposium, and other educational programs keep us updated on the field. Advanced Clinical Engineering Workshops (ACEW) present opportunities for members to share their knowledge globally in a way that would not otherwise be possible.. Certifi-

cation creates pride in the profession as well as a benchmark by which we can measure our professional development.

These enhancements to our profession are made possible by the work of many hands - board members, committees, task forces, and participation by all of you in the events which ACCE sponsors throughout the year.

It's easy for us to forget that these processes quietly affect our profes-



Ray Zambuto is President of Technology in Medicine in Holliston, MA and President of

sional demeanor as well as our skill sets on a daily basis. It's easy to get caught up in the continuous rat-race and lose track of their impact. This was driven home to me one day last fall.

I was invited to play in the charity golf tournament of one of our hospitals. It was a bright, sunny day and I hit the ball well (for me). That evening, at the dinner I met a group from the local bank. When they heard that we provided the clinical engineering service for the hospital, one of them, Ted by name, became very animated.

Ted had, the prior weekend, suffered a rhythm problem and had cardioversion at the hospital. Ted was very pleased with the care he had received and had much praise for the hos-

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President's Message

- Our Mission

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pital staff. But then he did something that caught me completely off guard. He shook my hand and thanked me for taking such good care of the equipment at the hospital so that it was ready when he needed it. Ted remembered little of his actual procedure, but he was acutely aware that the technology played a role in his outcome, and he was profuse in his gratitude.

It was a stark reminder, in a room full of people, that there is a patient at the end of everything we do ... that being professional and skilled is not just important to us, but essential for patient care ... that belonging to and participating in ACCE has value ... and that our Mission Statement is right on about what ACCE stands for and why we are here.

As the spring begins to burst upon us, ACCE will be looking for a few good men and women to take up the torch of leadership, as committee members, chairs, and Board members. If asked, I urge you to answer the call. The commitment of time and energy in the overall scheme of things - *small*. The rewards of working with your peers and making a difference in people's lives - *priceless!*

- Ray Zambuto
(rzambuto@techmed.com)

ACCE Mission

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

You Should Know That

The Department of Veteran's Affairs can now use certification as a competence standard and hiring criteria.

- ✓ **Certification helps keep you current!**
- ✓ **Certification makes you a qualified resource for your facility!**
- ✓ **Being Certified makes you feel good about yourself**
- ✓ **Certification is YOU!**
- ✓ **Find out more at ACCENET.org.**



ACCE News

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Summary of the 2003 ACCE Member Survey Results

The 2003 ACCE Member Survey resulted in a wonderful response from 108 members. It is the first year ACCE conducted the on-line survey and we received very positive comments on its ease of use and its overall format. Once again the survey addressed a wide spectrum of ACCE activities. The members' responses will be carefully reviewed by the ACCE Board to meet the evolving needs and expectations of the ACCE membership.

ACCE Activities. ACCE activities range from Continuing Education, Clinical Engineering Certification to ACCE/BMET Regional Society Activities. While all activities are important, the survey showed ACCE members place a high degree of importance on Certification, Education, ACEWs, Annual Symposium, Newsletter and, most importantly, networking within the realm of our clinical engineering profession. Members commented on the benefit of providing "regionalized" ACCE activities which could lead to an increased membership. ACCE will continue to increase its members' awareness in the areas of the ACCE Healthcare Technology Foundation and the ACCE/BMET regional society activities.

ACCE Benefits. The survey addressed the clinical engineering certification and the website related benefits. 54% of individuals responding expressed an interest in receiving information on the Healthcare Technology Certification Commission program. Candidates for the certification exam will have the opportunity to review sample exam questions in preparation

for the final exam. The certification exam offers a wonderful growth opportunity and it is great to see so many of our members interested in the program.

ACCE members provided comments on the website and suggestions towards its enhancements. In 2003, ACCE formed a website task force responsible for reviewing the existing needs and expectations of our membership in order to implement appropriate changes based on the members' comments and recommendations. In general, members are looking for brief news items, links to sources/resources relevant to certification, consultant registry and on-line apparel order capabilities to name a few.

ACCE Collaborations. In the next 12 months many of our members are planning on attending AAMI, HIMSS and RSNA as well as ASHE conferences. AAMI has always been very popular among the ACCE members however we are starting to see the interest expanding to other related areas of clinical engineering collaboration. These include Information Technology/Systems, Facility Planning, Procurement, Education, Training, Human Resources and more.

ACCE Teleconferences continue to be a huge success. We continue to rely on our members to provide us with suggestions on future teleconference programs. This year ACCE members recommended the following topics for future teleconferences: Relationships with Biomedical Engineering Departments, Information Technology, Nursing, Medicine, Administration and Purchasing; Patient Safety and Acci-

dent Investigations; Risk Management; Patient Safety and Diagnostic Imaging; Patient Safety and Use Errors; Healthcare Management



Izabella Gieras is a Clinical Engineer with Beaumont Hospitals in the Greater Detroit, MI area and President-Elect of ACCE

Challenges in Developing Countries and more.

ACCE's membership has greatly expanded over the past year. It is wonderful to see everyone's interest in the pursuit of a wide variety of ACCE activities. The different committees and task forces will be contacting those individuals who have expressed interest in becoming involved.

The ACCE Board would like to thank all participants in the annual member survey. We treasure your comments and innovative recommendations. We thank you for your support throughout the year and your continued efforts in promoting the profession of clinical engineering.

- Izabella Gieras

IGieras@BeaumontServices.com

Highlights of the January February 2004 Board Meeting

President Ray Zambuto announced upcoming ACCE events in conjunction with other professional organizations. ACCE will host a Clinical Engineering-IHE round table discussion, chaired by Elliot Sloane, on Wednesday, February 25, at the annual HIMSS conference in Orlando. Elliot hopes that the round table will get clinical engineers, especially ACCE members, interested in working with the IHE project. At the annual AAMI Conference, in Boston, ACCE will again sponsor the Clinical Engineering Symposium on Saturday morning. The theme will be Technology and Patient Safety. Our participation in other organizations' meetings gives the ACCE and the clinical engineering community significant exposure in the health care industry.



Ron Baumann is Regional Director, Bio-medical Engineering of Adventist Health System in Hinsdale, IL and ACCE's Secretary

Ray and the entire Board commended the CE Certification Committee and its Chair, Frank Painter, for the tremendous job that they have done in creating a renewed certification program against very long odds, and getting the kind of positive response they have from the CE community. Ray said that the success of the initial examination last November, and the number of applications for the recognition program is ample evidence of a professionally designed program that is respected by the clinical engineering career field. A significant project in the works is the writing of a new study guide companion for the CE Certification Exam.

President Elect Izabella Gieras reported on the 2004 Advocacy Awards which will be awarded at the ACCE annual membership meeting in Boston. Nomination forms have been posted to the ACCE website, and all visitors to the website are encouraged to submit nominations. From early returns, Izabella reported that the 2003 annual member survey appears to have been a big success. An article on the survey's results appears elsewhere in this issue.

Vice President Steve Grimes announced that the long awaited HIPAA Compliance Guide for Health care Technology should be published in May 2004. Steve has also been heading up a Web-

site Redesign Task Force which hopes to incorporate ideas and suggestions received in the member survey.

Internationally, the ACCE will present Advanced Clinical Engineering Workshops in Nicaragua, Argentina, and Costa Rica. There is also a tentative 3-day intensive workshop on quality issues being discussed to be held in Brasilia.

Treasurer Henry Montenegro reported that ACCE finished 2003 in good financial condition. The Board approved the 2004 budget by unanimous vote.

James Wear, Education Committee Chair, reported another successful year with the Teleconference Series, and laying the plans for next year's program. The committee is seeking ideas for topics and speakers for next year.

The Membership Committee will be reviewing the application form for Fellow status during the year. They will be looking at other professional membership organizations as benchmarks to determine what it means to have the title "Fellow" bestowed upon a member.

- Ron Baumann

rbaumann@ahss.org

Perspectives from ECRI: *Technology for Bariatric Services*

You may have heard about the growing problem with obesity in the United States. As expected, this problem has a direct and significant impact on healthcare. Hospitals are required to treat more and more obese patients and have to consider the special needs of these patients, especially patients who are morbidly obese. These patients require unique social and counseling services, dietary support, medication management, and in the realm of clinical engineering, they have special technology needs. The growth in the number of obese patients has led many hospitals to develop new programs called bariatric services. These services typically cover all of the bariatric patient's special needs through the patient's continuum of care in the hospital. As these new services are being developed, ECRI has begun to receive many requests from hospitals for help in planning for, selecting, managing, and servicing technology for bariatric patients. We are also being asked to assess the risk of using existing technology with these patients.

ECRI is actively providing services related the hospitals' requests for help. However, we are also starting to develop guidance documents and other resources to help our clinical engineering constituents provide some of the same type of services in their hospitals. This will include information like the unique specifications required for bariatric

equipment, hazard reports on equipment failures related to bariatric patients, or testing protocols for inspecting existing equipment that might be used with bariatric patients. As we are developing this information at ECRI, we would be interested in learning about any interesting experiences or problems you have had related to medical devices and bariatric patients. This might include solutions you have come up with for patient transport, examples of devices that fail to handle the excess weight of the bariatric patient, or your perspectives on how well certain bed surfaces prevent pressure ulcers.

Feel free to call or e-mail me at ECRI if you would like to share your thoughts or experiences on this topic. We will keep the clinical engineering community

informed as we make progress in developing our resources on technology for bariatric services.



Jim Keller is Director of ECRI's Health Devices Group, ECRI, and a Member at Large for ACCE's Board

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The ACCE Board and Committee Chairs

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Advocacy Committee Chair	Izabella Gieras (interim)
IHE Task Force Chair	Elliot Sloane
International Committee Chair	Tom Easty
Certification Committee Chair	Frank Painter
Education Committee Chair	James Wear
Medical Errors Task Force Chair	Elliot Sloane
PM Task Force Co-Chairs	Malcolm Ridgway & Matt Baretich
Nominations Committee Chair	Elliot Sloane
Secretariat	Matt Baretich

Members on the Move and in the News

Dave Harrington was given the Pickering Award in recognition of his long-term commitment to service without regard to recognition or reward. According to Ray Zambuto, president of Technology in Medicine (TiM) and sponsor of the award, "the Pickering award recognizes people who live a life of service to others." Dave's career has spanned 4 decades during which he has mentored hundreds of biomed as director of clinical engineering at Tufts-New England Medical Center. He is a well-respected clinical engineer, teacher and commentator — a regular contributor to this Newsletter and 24x7 where he is also a

member of their editorial advisory board.

Dave Francouer recently joined TriMedx, a medical equipment service management company in Indianapolis, IN. Dave is their Executive Director of Service Operations.

In early March, *Ron Baumann* will be joining Evanston Northwestern Health Systems as their Corporate Director of Clinical Engineering.

Excerpts from an interview with *Jennifer M. Barbee*, AAS, BSBE, will be featured in the article "Biomedical Engineers Find Work in Hospitals" on the www.bridges.com website.

Teleconferences

The 2003-2004 ACCE Teleconference series ends this month. It has a great success! However, the new 2004-2005 series is gearing up and we need your input. If you have any ideas or topics that you would like to share for the this upcoming series, or if you would like to be a speaker, please contact Jennifer M. Barbee at 410.362.3444, or at jenniferbarbee@hotmail.com. Thanks again to all those who participated, and we look forward to "seeing" more of you this year!

- Jennifer Barbee

jenniferbarbee@hotmail.com

Call for Abstracts

THIRD INTERNATIONAL CONFERENCE ON ETHICAL ISSUES IN BIOMEDICAL ENGINEERING (co-sponsored by ACCE)

June 4-6, 2005

ALFRED UNIVERSITY, ALFRED, NEW YORK

Suggested Topics for Presentations

Animal Testing for Medical Devices
Code of Ethics for Bioengineers
Clinical Trials of Biomedical Devices
Ethics of Genetic Engineering and Cloning

Ethics of Implant Use and Marketing
Ethical Issues in Bioengineering Research
Ethical Issues in Clinical Engineering
Privacy Concerns and Bioinformatic

Conference Chair:

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Send 200 Word Abstract by January 21, 2005 to:

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Hypographia Virus Widespread

Strange illnesses are being identified every day – bird flu, swine flu, SARS, BSE. On National Public Radio's *All Things Considered*, I recently heard a report on an affliction known as *hypergraphia*, the morbid, uncontrollable compulsion to write. I wondered if we couldn't somehow isolate the virus or the genetic



material that lies at the heart of this affliction and infect or modify clinical engineers most of whom have the opposite affliction called *hypographia*, the ability to stare at a blank page for hours without putting one word down.

Imagine a world without written words. Such worlds, of course, exist around the globe in such places as the Amazonian rainforest and the Kalahari Desert. Information transfer is effectively accomplished around the campfire as stories are told and a gifted member of the tribe retains every detail and passes this information from generation to generation. I wonder if there are any clinical engineers with such prodigious memories

that they can retain the electrical schematic of a microprocessor-based PCA pump and accurately transfer this information to a similarly gifted story teller. Probably not. So, to advance healthcare technology (*something clinical engineers are supposed to do!*) information is transferred from the brain to the written word. It shows up in manuals, journals, books, magazines, paper napkins, newsletters, and e-mails. CEs are accustomed to obtaining this necessary information by reading. The enlightened CE realizes that eventually someone has got to do the writing. Sadly, most CEs have not grasped this concept. They have not attained the pinnacle of their profession from which vantage point they can see that they must share with others knowledge gained. Only in this way can advances be made.

Although clinical engineering is embracing the information technology sphere, most CEs do not transfer information. Most CEs are content to suck on the technology transfer teat giving little thought to putting something back. Someone else will write the articles and the books. Excuses abound. "I'm not a writer." "I've got too much to do." "I've got a cramp in my writing hand."

Most engineers that write do so abysmally. I don't believe engineers are born poor writers. It is lack of practice and lack of formal education. Let's face it. For

most people writing is not easy. But there is hope. Using various methods even the most dreadful writer can learn to put thoughts on paper. Different strokes for different folks they say. The technique that works for me is to sit in a quiet room with a note pad and a pen. I don't try to start at the beginning with complete sentences and paragraphs, instead, I jot a word down. Then a phrase. Then maybe a whole sentence. Stream of consciousness sets in and all sorts of related thoughts swirl about my head. I grasp them quickly lest they fly out of my brain faster than they entered and record them on paper. They might never make the final cut, but at least what I've been able to do is to fill a page with related thoughts dealing with the subject at hand. For example, today, the deadline day for submission of this piece, for starters I wrote the word *write*. Then some other ideas: JCE, IT, professional obligations, bird flu, official journal, hypergraphia and so on and so on.

I then ambled to the computer stopping only to replenish my cup of coffee and began to transfer the scribbles to an electronic document. I like to work surrounded by synergistic sounds. Today it was chants, gongs, and clangs from vanishing cultures to keep focused on cultures that lack written languages and clinical engineers who are headed in

(Continued on page 8)

Hypographia Virus Widespread (continued)

(Continued from page 7)

that direction. My Por Larrañaga produces enough smoke to give me the feel of sitting around a smoky campfire telling stories. So I write. As I transfer my scratchings more words and thoughts pour onto the page. Hypergraphia sets in. The words start to flow. It's that easy. Of course, what gets on the screen is not necessarily what will make it to this newspaper. A little editing will be required. It is said that Hemingway rewrote one page 153 times before he got it right. So I'm not afraid to write whatever comes into my head because I know that it is so much easier to edit something already on paper than it is to start from scratch. Once I put it all down in electronic format, I print it out. For me it is usually easier to read from a piece of paper as I do my editing.

Practice writing, read good writing! A dictionary and books on grammar such as *Elements of Style* are indispensable. At the first ACEW in Washington, Tim Baker of the Journal of Clinical Engineering (JCE) gave a seminar on how to write. Let's get Tim back to give an ACCE Teleconference on How to Write.

Now I present a challenge. The Journal of Clinical Engineering is looking for guest editors who will develop theme issues. Get in touch with one of the JCE editors, i.e., me, and tell me you

want to do an issue of JCE. Information Technology, Clinical Engineering at the Bedside, Preventive Maintenance, Human Resource Development, Education and Training, Medical Device Development, Re-Engineering the Broken Healthcare System, Incident Investigation, JCAHO and Patient Safety are just a few topics that come to mind. I'm sure some of you will have identified other themes of importance to the advancement of clinical engineering. Reach my alter ego at dyro@alum.mit.edu or call 631-751-7244 or write to 21 Bob's Lane, Setauket, NY 11733 (I still enjoy opening mail with a letter opener). I should appreciate the opportunity of working with you and will help get you along with the project.

I know who the good writers are. They are most welcome to participate. But I'm particularly looking for those who have not published yet but who have a lot to contribute to the literature. As the Editor-in-Chief of the Clinical Engineering Handbook, to be published later this year by Elsevier Science and Technology Books, I was pleased to find so many young and some old CEs who were successfully encouraged to write. I didn't get Hemingway in all instances but the important accomplishment was getting people to write for the first time.

Even if your prose is not perfect, remember that editors can

shape even the most dreadful compositions into the Queen's English, that is what they do. So go for the 80-20 rule. Take 20% of the time to write a perfect article and write the 80% of what you have to say. Wait until the last minute also. This works particularly well for procrastinators like me. Howard Hughes always waited until the last minute because he knew that events and circumstances invariably would change that would affect the final product. Procrastination has the affect of allowing a little bit of panic to set in. It is in this panic state that one realizes that one must rely upon what floats to the top, usually the most important bits of information. If you start too soon, you will simply fill the available time and complain that writing takes too long. Cram it all in at the last minute.

The time for an official journal of the ACCE is at hand. The Journal of Clinical Engineering is a logical choice. Already JCE devotes a lion's share of its ink to ACCE. Why not endorse one journal as the repository of clinical engineering information? Most professional organizations such as IEEE, NFPA, AAMI, AHA ASHE, and all the medical specialties, orthopedics, surgery, and pediatrics, have corresponding journals.

Let's work together to cure hypographia.

... *The Shadow*

View From the Penalty Box:

One thing about our chosen profession is that it is never boring, unless you make it so. For the past year I have been editing and sometimes writing a column in 24 x 7 called ICC Certification Prep. In a recent article I had to verify some of my long held "knowledge" on a particular topic. I not only was not able to verify my long held belief but found out that it was wrong. That shook my psyche and I started looking over some of my other long held "knowledge". While they were mostly correct many are no longer "exactly correct". So take some advice from someone that has been in the business since the 60's, read the standards, read the manuals and application information and listen to others as very little never changes.

I got started in the business as a designer, moved to product management, sales, then into a hospital program, to international development programs and for the past 5 years with an ISO. Each "career change" had both benefits and some not so great features but all offered an opportunity to learn and grow, unfortunately some of my growth has been around the waist rather than in the knowledge base. The last 2 "careers" international and ISO have been uniquely challenging in that geography, local culture, funding, and language make providing quality engineering solutions to medical problems very satisfying. Not all the language and cultural problems have been outside of North America so always listen carefully and don't make decisions until you finish hearing about the problem.

Several years ago our editor Steve and I were doing an inventory at a small hospital on the coast of Maine. Sitting in the café on a break we looked over the inventory sheets of

the radiology department we noticed that we missed all the film processors. We went back and still didn't see them and asked where they were, much to our surprise this small hospital was on a PACS. In the previous year we had done inventories at several university based hospitals in major metro areas and they had film processors. Who would think that a small hospital in Maine would have moved to the future long before the big hospitals in the metro areas. Several months ago we were back together inventorying another hospital in the Boston area, well funded, university affiliated and with high occupancy rates. They were considering installing PACS and looking over the plan they were about to overspend. The supplier was going to have them on a "propriety" system that if you needed to update meant replacing, and don't try to link the radiology reporting system or scheduling systems to the PACS system without more "proprietary" software. Hopefully the input from Steve and I will save this hospital some serious money. What I am trying to say here the major technology upgrades are not limited to the big teaching hospitals. In reality many of the big hospitals are well off the cutting edge of medical technology while the small and medium sized hospitals more often used technology to both reduce costs and extend care.

It has been reported in the general press that between 25 and 30% of all healthcare dollars go to administration (overhead). This is the highest rate of any of the major economic areas except education. Education is now firmly committed to technology as a method of cost reduction but healthcare is very slow going after cost reductions. Major savings can be made in the billing operations by using technology; one study stated

that PACS systems will pay for themselves by capturing missed billings in 3 years or less. To illustrate how slow hospitals are in implementing technology just look at the number of computer terminals at nursing stations, each connected to a system, but none connected to all systems. If these systems were connected together we would probably save desk space, improve access to information and cut down on delays getting care to patients. To me this is the direction Clinical Engineers should be moving in to get their hospitals into the 21st century. The equipment reliability has improved many times over the past 30 years but all too many of us still handle technology as if it was from the 70's.

When I was a product manager for Electrodyne (*if you are under 45 you probably never heard of that company but it was a major supplier of instrumentation from the late 50's to the late 70's*) the president gave me total responsibility for the product line with no authority or budget. I had to work with other departments to get the products positioned with sales, marketing, engineering and service. So some 30 years later that definition of a product manager fits the Clinical Engineer ... i.e., total responsibility for technology with no authority or funding. So fellow product managers, *back to doing more with less!*

- Dave Harrington
Dave@sbtech.com



HIPAA Security Update

ACCE / ECRI will publish the long awaited **HIPAA Security Rule's Implication for Medical Technology: A Guideline for Healthcare Providers**® in late April or early May. The Guideline, which is being published on CD-ROM, will be available to ACCE members and ECRI subscribers for \$395 and to non-members for \$695. The Guide is a "must have" tool for any healthcare facility's data security program. The CD-ROM based format will feature hotlinks to related components of the Guide and to on-line resources. It will also facilitate the individual insti-

tution's customizing of forms, survey documents, policies and procedures. Other components of the Guide include:

- √ Recommended best practices
- √ Checklists for inventorying and analyzing levels of compliance
- √ Tools for setting priorities and implementing a mitigation plan
- √ Sample information security incident reports and business associate agreements
- √ Typical policies & procedures

Contact ECRI at (610)825-6000, ext 5416 and ask for the HIPAA Security Guide for questions or to place an order.

- Steve Grimes
(HIPAAchair@ACCEnet.org)



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Attention: Certified Clinical Engineers!!

The Clinical Engineering Certification Program administered by the United States Board of Examiners for Clinical Engineering will recognize the certification of clinical engineers who were previously certified under the program suspended by AAMI and who have remained in professional practice.

Applications are now available to apply for listing with the new program.

Practicing Clinical Engineers who are currently renewed under the suspended ICC / AAMI program, or whose AAMI renewal previously lapsed are eligible to apply for recognition under the new program.

To obtain an application for recognition under the new program, or to obtain more information, contact ACCE at:

certification@accenet.org or (610) 825-6067

 The Advocacy Committee needs a CHAIR!		✓ Network and develop skills as you lead a team of approximately 15 members
 You need a successful CAREER		✓ Promote our profession to students
Solution Become a LEADER in our profession		✓ Initiate mutually beneficial relationships with other professional organizations
		Contact: Izabella Gieras E-mail: igieras@beaumontservices.com Phone: 248-551-0549

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Calendar of Events

February 22-26, 2004

Health Information Management and Systems Society (HIMSS)
Orlando, FL

June 5-8, 2004

Association for the Advancement of Medical Instrumentation (AAMI)
Boston, MA

July 26-28, 2004

American Society of Healthcare Engineers (ASHE)
Orlando, FL

September 1-4, 2004

Institute of Electrical and Electronic Engineers – Engineering in Biology and Medicine (IEEE-EMBS)
San Francisco, CA

June 4-6, 2005

3rd International Conference on Ethical Issues in Biomedical Engineering
Alfred University,
Alfred, NY

We're on the Web!
<http://www.accenet.org>

ACCE

AMERICAN COLLEGE OF CLINICAL ENGINEERING

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