

ACCE News

Newsletter of the
American College of Clinical Engineering

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ACCE and HIMSS Drive CE-IT Convergence

The convergence of Clinical Engineering with Information Technology has been occurring on many fronts. In those hospitals where CE and IT are not actively collaborating, they are “bumping into each other” with increasing frequency. At the level of national discourse, the drive towards a National Health Information Network is taking note of the need to involve clinical equipment connectivity in its priorities. At the professional society level, players including AAMI and IEEE are stepping up their profiles in the healthcare IT arena.

Among the most exciting trends for clinical engineers has been the unprecedented collaboration between ACCE and the Healthcare Information Management and Systems Society (HIMSS). A scant five years ago, a clinical engineer attending the HIMSS meeting could walk the floor all day and not see a familiar face among the

16,000 attendees. This coming February 25-March 1, over 100 clinical engineers are expected to participate at the HIMSS Annual Meeting in New Orleans, LA.

The rapid growth in Clinical Engineering at HIMSS is the result of two factors. The convergence of CE and IT is driving clinical engineers to HIMSS as the best source of all things IT in healthcare. Compounding this is the collaboration which has occurred between ACCE and HIMSS to create venues of interest to clinical engineers and to provide opportunities for clinical engineering and information technology professionals to work together. Examples of this abound at the 2007 HIMSS meeting.

CE & IT Convergence SIG. A natural outgrowth of the HIMSS-ACCE breakfast meetings of the last

three years, this special interest group, or SIG, was chartered by the HIMSS Board of Directors in July of this year. It currently has over 50 members – half clinical engineering and half IT. A listserv forum has been provided which is currently active; the SIG will meet face to face at the Annual Meeting; and there is provision for conference calls and a web resource as the need arises. ACCE Past Presidents **Ray Zambuto** and **Izabella Gieras** are the current Co-chairs of the SIG. For more information on how to join the SIG, go to www.HIMSS.org.

ACCE-HIMSS Excellence in Clinical Engineering and Information Technology Synergies Award. The ACCE-HIMSS Excellence in Clinical Engineering and Information Technology Synergies Award recipient is jointly selected by the Boards of Directors of the American College of Clinical Engineering (ACCE) and the Healthcare Information Management Systems Society (HIMSS). The Award will be presented to one or more individuals who have best demonstrated leadership in promoting or implementing significant synergies between the clinical engineering and information technology profes-

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Attendees at an education session on Clinical Equipment Interoperability at the 2006 HIMSS Interoperability showcase.

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ACCE 2007

Teleconference Series

The 2007 ACCE Educational teleconference series continues with the following:

2/15/2007: Radiology – Latest developments in PACS.

Todd Starnes from Catawba Valley Medical Center will review the latest developments in PACS and address the interconnection of PACS with other clinical applications in healthcare.

These teleconferences are held the 3rd Thursday of each month at 12 Noon Eastern Time (9:00AM Pacific Time etc). Unless otherwise noted, the teleconferences are one hour long, typically a 45-50 minute presentation followed by 10-15 minutes of Q and A. Registrants will receive the call-in number and presentation material prior to each session.

The cost for each Teleconference is \$150 per site. This allows for four (4) participants from each site, each additional participant is \$10. If nine (9) teleconferences are purchased the tenth one is at no additional charge.

In addition, each registrant receives a CEU certificate from the University of Arkansas for Medical Sciences for each session completed.

Audiotapes of each Teleconference will also be available for \$30 each.

The schedule for new 2007 educational teleconference series will be published soon.

For more information contact:
ACCE- Teleconference Series
5200 Butler Pike
Plymouth Meeting PA 19462-1298

or click

<http://www.accenet.org>

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

CCE Certification—What You Need to Know

- 1) The written exam will be given in 29 cities throughout the US on November 17, 2007. The exam will also be given in Boston on June 19, 2007.
- 2) For an extra fee, the written exam can be given in almost any city in the US or in almost any major city in the world.
- 3) Applications are being accepted now for the November 18 exam. Please include references and transcripts with application.
- 4) The handbook that describes the process, and the application that needs to be completed, can be found on the certification website: www.acce-htf.org/certificaton.
- 5) A study guide has been recommended by several who recently passed the CCE exam and became certified. Walter Burdett of the VA Medical Center in Syracuse, NY said " The Study Guide was an excellent fit to the style, vocabulary, content and level of difficulty of the written exam. The bibliography was very useful."

ACCE News

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Manager Jim Keller
jkeller@ecri.org
(610)825-6000

Editors Ted Cohen
theodore.cohen@ucdmc.ucdavis.edu

Melissa Burns
mburns02@yahoo.com

Circulation. Alan Levenson
Secretariat@accenet.org

Advertising Dave Smith
dsmith@fdiplan.com

Address Corrections
Al Levenson
ACCE Secretariat
Secretariat@accenet.org

Healthcare Technology Management and Clinical Engineering Workshop—Brazil

The Institute of Biomedical Engineering (IEB) from Federal University of Santa Catarina (UFSC) in the beautiful city of Florianopolis, Brazil was the venue for the 35th Healthcare Technology Management and Clinical Engineering Workshop November 27th to December 1st, 2006. The Workshop was organized under the auspices of the Pan-American Health Organization (PAHO), Federal University of Santa Catarina (UFSC), Agencia Nacional de Vigilancia Sanitaria – ANVISA (the Brazilian equivalent to the US-FDA), and the American College of Clinical Engineering (ACCE). Several government agencies and private enterprises provided valuable financial support. This workshop is part of a long series of workshops held since 1991 in various developing countries around the world by ACCE in collaboration with PAHO and the World Health Organization (WHO).

The workshop was lead by a team of North American faculty members composed of (in alphabetic order): **Tony Easty**, University

Health Network, Toronto; **Steve Grimes**, Vanderbilt University Medical Center, Nashville; **Antonio Hernandez**, PAHO, Washington DC; **Ode Keil**, Ode Keil Consulting Group; **Frank Painter**, University of Connecticut; **Kok-Swang Tan**, Medical Devices Bureau, Health Canada; and **Binseng Wang** (team leader), ARAMARK Healthcare's Clinical Technology Services (CTS), Charlotte NC. **Renato Garcia**, Director of the IEB/UFSC, was the local organizer and a number of Brazilian health authorities and experts also gave presentations. They included **Marcio Varani**, **Sergio Rezende**, **Galdino Bicho** and **Maria Hofmeister** from ANVISA; **Saide Calil**, UNICAMP; **Rosina dos Santos**, Santa Catarina's Health Secretariat. In addition, there were representatives from several academic centers from Chile, Colombia and Cuba. There were a total of 134 registered participants, 44 of which attended via live Internet broadcast.

The workshop covered a wide range of technology management and maintenance issues such as stra-

tegic planning, equipment acquisition, maintenance planning, user training, risk management, financial planning and management, replacement planning, device regulation, telemedicine, human factors engineering, electromagnetic interference and electromagnetic compatibility, and telemetry. The participants were also divided into three groups to work on case studies (the topics were homecare, blood banks, and capital equipment planning) that were completed and reported at the end of the week. The presentations of the studied cases were evaluated by the faculty members and an award was given to the best group. All case studies were very well prepared and it was a very difficult task to select the winner.

In addition to providing the participants with a printed and CD copy of the presentations, reference material was provided including copies of the Biomedical Instrumentation and Technology journal, and AAMI catalogues. Following the tradition, a signed copy by the faculty of the Clinical Engineering Handbook was presented to **Renato Garcia** and the participants received a commemorative pen.

Although many of the participants have had several years of clinical engineering experience, they unanimously told the faculty that they have learned more in this workshop than they were able to learn in several years of graduate courses and seminars. Most appreciated by the participants was the fact that the faculty was composed of professionals who have worked for numerous years in healthcare environments

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Participants listen attentively to one of the presentations during the 35th Healthcare Technology Management and Clinical Engineering Workshop, Florianopolis, Brazil

Perspectives from ECRI: Best Practices from Health Devices Achievement Awards

Last year I wrote about a new initiative from ECRI called the *Health Devices Achievement Award*. The award was established to help celebrate the 35th anniversary of ECRI's Health Devices program and, more importantly, to honor the achievements of the hospitals that support our program. The award is designed to recognize excellence in the field of Health Technology management.

We put out a call for award applications early in 2006 and asked hospitals to provide us with their best examples of one or more initiatives undertaken at their facilities to improve patient safety, reduce costs, or

otherwise facilitate better strategic management of health technology. We had a great response from our many member hospitals with descriptions of some wonderful initiatives that showed how hospitals are working hard to improve how technology is managed that are resulting in significantly improved patient care.

I was very pleased to announce in an earlier issue of ACCE News that the winner of the 2006 *Health Devices Achievement Award* was Beaumont Hospital in Royal Oak, Michigan. The award-winning application was submitted by a team lead by led by **Salil Balar**, Clinical Engineer, Clinical Engineering and Technology

Management. ACCE's past-president **Izabella Gieras** was also part of the team. The Beaumont submission described the deployment of a new communication system that helped Beaumont Hospital drastically reduce response times to telemetry monitoring alarms. Once a problem for the facility, telemetry alarm response times were reduced from more than 9 minutes to well under 39 seconds—a 93% improvement. The accomplishment from William Beaumont was very impressive and sets an excellent standard for future *Health Devices Achievement Award* applicants to meet.

ECRI believes that it is important to share the details of the winning award submission along with some of the best examples of excellence in health technology management from other submissions. As a result, much of the December 2006 issue of *Health Devices* is dedicated to our descriptions of the best practices from those submissions. Our issue starts off with a detailed overview of Beaumont's efforts to achieve its dramatic improvement in response to its telemetry alarms. It is followed by descriptions of two initiatives from The Ohio State University Medical Center. One discusses an innovative performance-based service contracting program and the other reviews a process for implementing a new patient care technology (i.e., local anesthetic pumps). Another initiative was submitted by Christiana Care Health System that highlights the advantages associated with its process for grouping ventilator-dependent patients who are being cared for outside the intensive care unit. We also described a program used by Norton Healthcare's technology assessment committee that helped bring a disci-

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Jim Keller, ECRI's Vice President for Health Technology Evaluation and Safety, presents the 2006 Health Devices Achievement Award to Salil Balar (center), a Clinical Engineer at Beaumont Hospital, and Izabella Gieras (left), the facility's Director of Technology Management.

December 2006 ACCE Board Highlights

Membership Committee. A motion was accepted to approve the Membership Committee's Recommendation on 15 applications.

The ACCE Membership Committee welcomes two new members:

Walter Bordett – Biomedical Engineer, Veterans Affairs Medical Center, Syracuse NY

Carol Park – Assistant Director, Biomedical Engineering, Vancouver Coastal Health

At the ACCE Membership Committee Teleconference on November 29, 2006, the following goals were approved for 2007:

- Process membership applications monthly.
- Develop processes for HIMSS applicants and ORBIS sponsorships.
- Develop process (complaint & appeal) and guidelines for "termination for ethical reasons."
- Develop guidelines on "demonstrating evidence of professional practice of Clinical Engineering."

Finance Committee. The proposed annual budget was reviewed. Comments from members will be incorporated and budget will be presented to the Executive Board for comments.

Paypal has been implemented on the website. Consideration will be given on how to incorporate it into the upcoming membership renewals.

Strategic Development Committee. The AAMI symposium planning committee continues to work on the program. The next step will be to invite presenters and submit the names to AAMI in January 2007. The proposed program has been accepted by AAMI.

The committee reviewed the five core purposes and provided additional input for future activities under each one. The different tasks will be assigned to ACCE committees and other workgroups as applicable.

The committee continues to work on ACCE as a focal point for CE/IT integration initiatives. The fifth core on Growth and Evolution will encompass this initiative

The committee spoke about international partnerships as well as partnerships in academia.

In 2007, the committee will continue to focus on increasing CE visibility and fostering partnerships within the professional community.

Professional Practices Committee. The Committee has submitted the following Guidelines to the Board for their review:

- Complying with Local, State and Federal laws.
- Convergence of Clinical Engineering and Information Technology.
- Managing Service Vendors.
- Applying Human Factors Engineering to Procurement and Problem Investigation.
- Acquisition of Technology.

The Committee is reviewing the following proposed Guidelines and will select some to create for 2007:

- Promote Professionalism through Certification and Licensing.
- Conflicts of Interest.
- Promote the Safe Use of Technology in Patient Care.
- Remain Current and Promote Competency Through Continuing Education.
- Promote Healthcare Cost Sav-

ings.

- Promote Patient Safety by Staffing Federal/State and organizational committees.
- Expert Witness and Testimony Guidelines.
- Investigative and Experimental Equipment.
- Reconditioned/Remanufactured Equipment.
- Support for BMETs.
- Design, Testing, and Manufacturing of Medical Devices.

The committee continues to look for a couple of new members.

CCE Education Committee. Current goals for the committee are below for review:

- Continue with review courses (on-site and teleconference).
- Put a curriculum in place (perhaps in a book) based on the lectures/session already provided. The material will be similar to the ACEW presentations and will be great for future presenters.
- Develop a CCE Study Guide based on the new Body of Knowledge survey results and timed with the update to the questions on the CCE exam.
- A site on the ACCE website focusing on the CCE educational support ACCE offers to clinical engineers along with resources, review course schedule, etc.

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View from the Penalty Box: Choose to Communicate and Contribute to the Solution

As we start a new year, we all hope that 2007 will be a good year and that our political “leaders” will actually do something right with healthcare costs. We can hope, but getting it done will be very difficult, as press releases seem to be more important to them than actually getting the job done.

I recently lost a long time friend—a lot of technology, drugs and treatments were used to try to save him, but it was not enough. His death re-enforced my commitment to pushing healthcare technology so it becomes better, faster and cheaper. As clinical engineers we have to keep the push towards technical advancement, to cost control, and better delivery of care to those in need.

The big question is how can we, as a profession, make it happen? First, we have to share information with others to push good technology and inform others of the bad technology that is out in the market. We cannot rely just on the FDA or ECRI or any group other than ourselves to get the word out when there are problems with devices. Yes, report problems to the FDA and ECRI, but also tell others and talk about problems. Don't wait to do a presentation at a conference, as by then the problem may be out of control. To illustrate that point, think about an IV pump that was withdrawn from use this past year and all the complaining that occurred for several years before it happened. We all know of problem devices or systems, maybe not enough of a problem to trigger a recall but still a problem, and we all need to share that information.

Recently, I did a presentation

before some engineering students talking about clinical engineering, what we do and some of our history. One student asked a question that took me by surprise. She asked why clinical engineers do not work with design engineers to develop better products. She said that if we know of a problem and do not try to solve that problem we are no better than politicians. That comparison really hurt.

Thinking back to when George Johnston, Malcolm Ridgeway and I were young there was a lot of dialog between designers in companies and engineers in hospitals, but it seems that it is no longer common. My response to the young engineer was to remember what she said and to communicate in the future with the designers or clinical engineers if she went to the “dark side.” Maybe others will follow. But communication is a two way street and when is the last time we saw designers in our hospitals, other than as patients, or at our meetings? It appears that both groups have forgotten how to communicate with people that may be able to answer questions and make changes.

I suggest that if you have not read Malcolm the Elder's Maintenance Management for Medical Equipment you do so. It is very good and should be very helpful to you. It is an ASHE publication.

Also, please consider volunteering to be nominated to one of the FDA Advisory panels. We can do some very good work on these panels and have our concerns heard by both providers and regulators. This forum is a great communication tool for our profession, if we choose to use it.



As I write this, the football season is about over, hockey and basketball are at the mid-season point and baseball is about to start spring training. Time waits for no one and it is the one thing that we cannot change but just use to everyone's benefit. Watching the grandson play hockey, unlike his grandfather he can score and avoids penalties, I see a joy in his eyes that is unmistakable. It would be so great to see similar joy in the eyes of clinical engineers indicating that they really want to be in the field and making a difference in healthcare. The choice is ours, let us all have joy and enthusiasm in and for our jobs.

I will leave you with the most common words I heard during my hockey years, “two minutes, number 3, tripping.”

- Dave Harrington
dharrington@techmed.com

Healthcare Technology Foundation Update

Clinical Alarms Project: The White Paper from the Clinical Alarms Task Force, available as a download from the Foundation website (www.acce-htf.org), has also been sent to all ACCE members with a Call to Action (also available at the web site). This Call, initiated by **Dave Dickey** who encourages *action* after research and discussion, asks ACCE members to follow-up on the study by presenting the recommendations in-house to the CEO, safety director, nursing executive, and/or the hospital's patient safety or risk management committee. Documentation of these discussions is requested to be sent to the Foundation.

The full report, with a slight change in format, will also be appearing in the Journal of Clinical Engineering, and a nursing oriented version is pending with a major nursing journal. Additional bound, hard copies of the report are available from Yadin David.

Foundation, Commission and Certification Secretariat: With the rising work load, Secretariat functions of ACCE are being separated from those of the Foundation, the Healthcare Technology Certification Commission, and the U.S. Board of Examiners for Clinical Engineering Certification. The new AHTEF-HTCC-US Board Secretariat is **Cheryl Iden** who takes over from the pioneering **Alan Levenson**. Alan did a great job in taking the Certification processes up to speed, and is continuing his efforts by facilitating a smooth transmission to Cheryl. And good luck to Cheryl! There will now be two Secretariats of interest to ACCE members, one for ACCE itself and one for the Foundation and certification.

Patient Safety Brochures: The Foundation website has downloadable patient oriented Home Medical

Devices brochure in both English and Spanish. Professionally printed copies are also available. The next safety brochure on home oxygen use is in production. A new set of patient safety links is also available at the Web site.

Shepherd Patient Safety Award: This award is a joint project between the Foundation and ACCE through the ACCE Advocacy Committee. Guidelines for nominations are under final review and will be available shortly.

Clinical Engineering Excellence Award: The Foundation will soon be rolling out the Clinical Engineering Excellence Award which will target Clinical Engineers who make strong leadership contributions at the institutional level.

Responding to Medical Device Incidents Colloquium: This Foundation co-sponsored event will take place on March 8, 2007 at the Texas Medical Center in Houston. It will bring clinical engineering, medical, FDA, and industry representatives together to address how to improve information sharing and learning from medical device incidents. For more information on this event see <https://www.123signup.com/enroll?Org=acce-htf>, or contact Yadin David or William Hyman.

As always, donations to the Foundation are welcome at any time, and they are tax deductible.

- Wayne Morse, President
- William Hyman Secretary
secretary@acce-htf.org

December 2006 ACCE Board Highlights

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- Review the existing brochure on CCE to see whether it needs to be updated. Perhaps another flyer, brochures as applicable.
- Formalize a process for marketing the CCE educational initiatives provided by ACCE

IHE Task Force. The task force continues to work on the Connection activities in January 2007 and the Interoperability showcase in February at the HIMSS conference. A few pieces of medical equipment will now be available in the showcase theater providing a real time interoperability operation between different medical devices.

The PCD continues to develop priorities and work plans for the coming year. One high priority possibility is binding patient ID to medical devices. This is a foundation piece for many other interoperability issues as well as patient safety, medication

delivery, care giver productivity, etc.

HIMSS ME-PI Task Force. The collaboration between ACCE and the ME-PI (Management Engineering Process Improvement) Task Force during this past year showed promise. The Task Force came to recognize the value of promoting each other's educational forums. They are excited about the 2007 CE and IT symposium and would like to explore further opportunities to help each other empower the respective organizations. The Liaison & Advocacy efforts of the ME-PI Task Force have expanded to include several members serving as a Work Group. The Task Force would welcome the opportunity to have ACCE member send updates on ACCE's current key initiatives, or better yet, join the Task Force for one of the monthly Work Group calls.

Barbara Maguire, ACCE secretary
secretary@accenet.org

Perspectives from ECRI

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plined approach to the adoption of new technologies. Our award-based *Health Devices* issue was rounded out by an overview of a program being used at Texas Children's Hospital that shows how focusing on the caregivers' needs helps its clinical engineering department contribute to building a patient-safe environment.

Members of ECRI's SELECTPlus and *Health Devices* programs can view our *Health Devices Achievement Award* issue online on their member Web pages at www.ecri.org. Feel free to contact me at jkeller@ecri.org if you are interested in learning more about the award or how to access the *Health Devices* issue. Also, we are now accepting applications for the 2007 *Health Devices Achievement Award*. We hope that you will take the time to share some of the excellent work that you and your colleagues are doing to improve patient care at your institutions. The deadline for submissions is April 16, 2007. Details on applying for the 2007 *Health Devices Achievement Award* can be found at ECRI's Web site at www.ecri.org.



Jim Keller is ECRI Vice President for Health Technology Evaluation and Safety, and a past Member at Large for ACCE's Board

ACCE & HIMSS Drive CE-IT Convergence

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sions. These contributions may be professional or technical in nature, and may include research or development of a new process or product, a paper of significance, or 'trailblazing' work in a new application of clinical engineering and information technology. This major industry award, originally proposed by ACCE President **Steve Grimes**, and ratified by the HIMSS and ACCE Boards of Directors, will be presented for the first time at the 2007 HIMSS Meeting. For information on nominating a person for this award, please consult the HIMSS website, www.HIMSS.org and click on Professional Development / Awards.

Integrating the Healthcare Enterprise. The Integrating the Healthcare enterprise (IHE) initiative for vendor neutral interoperability in healthcare has increasingly gained momentum on the national stage. ACCE and HIMSS are co-sponsoring the Patient Care Devices domain of IHE, which deals with setting the framework for medical device interoperability. This January, the PCD had its first live testing of communications to the Enterprise of discrete patient data from medical devices, including vital signs, ventilators, and infusion devices. Participating vendors included GE, Philips, B. Braun, Live Data, Draeger, and Welch Allyn. A demonstration of this process will be held in the Interoperability Showcase on the HIMSS exhibit floor. ACCE Past President **Elliot Sloane** has recently been named as Co Chair of the IHE Strategic Development Committee, which oversees all activity of the IHE.

ACCE Membership Meeting. ACCE will host a reception and membership meeting for members and guests attending the HIMSS meeting. Similar in content to the Annual Membership Meeting, this provides an opportunity for ACCE members to

network at the beginning of the week and also to meet some of the HIMSS members and professional staff.

Clinical Engineering Educational Program. Clinical Engineering related programming at HIMSS has reached the point where it has become a recognized segment of the meeting. The success of last year's pre-conference Clinical Engineering- IT Forum led to the decision to expand it to a full day program with a larger venue. This year's Leadership Forum will focus on the relations between CE and IT as they work together to integrate their technologies. Speakers include **Dr. Larry Kessler**, Director of the Office of Science and Technology at the FDA, **Dr. Yadin David**, Director of Biomedical Engineering at Texas Children's Hospital and Past President of ACCE, and **Dr. Blackford Middleton**, Chairman of the Center for IT Leadership, Partners Healthcare, Boston, and Past Chairman of the HIMSS Board of Directors.

Additionally, there are educational sessions throughout the week of particular interest to clinical engineering – typically on topics not covered at the other major biomedical technology meetings. HIMSS is also driving to increase participation by device manufacturers in the exhibition. Preliminary information can be found at www.himss07.org and clicking on "Clinical Engineers." A complete crosswalk index to clinical engineering interests will be provided to conference attendees.

The HIMSS Annual meeting is increasingly becoming the place where clinical engineers can meet with the future of the profession. For further information about the meeting, please check the HIMSS web site.

- Raymond Zambuto
rzambuto@techmed.com

Clinical Engineering Workshop—Brazil

(Continued from page 3)

and are all considered leaders of the CE field in North America. The faculty was not only able to explain what is done but, most importantly, why it is done in that particular manner. Furthermore, they shared the pitfalls and mistakes they have made, so others can avoid repeating them.

During coffee breaks and meals, the participants had unlimited access to the faculty and local experts. This interaction not only allowed clarifications and open discussions, but also provided opportunities for some to arrange for visits and cooperation through emails and telephone calls. The impact of this workshop is likely to last for many years after its completion.

During the week, the faculty members enjoyed the local hospitality including a dinner cruise around the city, a visit to the oldest local spirit (cachaça) factory in the State, and a sampling of local cuisine. The visitors were impressed with the wide variety and sweetness of tropical fruits and the musical talent of IEB members.

The workshop was an opportunity to make new friends and renew old friendships that will facilitate sharing knowledge and experience on healthcare technology.

- Antonio Hernandez & Binseng Wang



Faculty members present certificates to the workshop attendees at the closing ceremony. From left to right: Antonio Hernandez, Frank Painter, Ode Keil, Steve Grimes, Tony Easty, Tan Kok-Swang, and Binseng Wang.

The ACCE Board and Committee Chairs

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ACCE Clinical Engineering Certification Study Guide


The American College of Clinical Engineering has completed a Study Guide for the Clinical Engineering Certification examination offered by the Healthcare Technology Certification Commission established under the ACCE Healthcare Technology Foundation. The Study Guide is available through ACCE for \$30. To order a copy of the Guide, please make out a check payable to ACCE and send to:

Alan Levenson, ACCE Secretariat
5200 Butler Pike
Plymouth Meeting, PA 19462

Or e-mail Secretariat@ACCEnet.org and include credit card information (name on card, type of card, card number, and expiration date). Applications are now being accepted for the **2007** exams. Applications and the applicant handbook can be found at www.ACCEnet.org/certification.

The ACCE Study Guide was written by an independent group of clinical engineers not associated with the exam process

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is right in front of you.

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Calendar of Events

- February 25—March 1, 2007

HIMSS 2007
New Orleans, LA

- June 16-18, 2007

AAMI 2007
Boston, MA

- June 17, 2007

ACCE Annual Membership
Meeting
Boston, MA

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ACCE Website Gets PayPal

Please take a look at the ACCE website and notice that we have now implemented PayPal for the Study Guide, the ACCE Educational Teleconference and the CCE Review Course. In the future, we expect to be able to process membership renewals online, as well. Many Kudos to ACCE webmaster Duane Kamihara for all his hard work and creativity

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5200 Butler Pike
Plymouth Meeting
PA 19462
(610) 825-6067

We're on the Web!

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