

ACCE News

Newsletter of the American College of Clinical Engineering

Volume 13, Issue 4
~ July August 2003

2003 Annual Symposium and Meeting in Long Beach

This year's annual ACCE activities in Long Beach were an unqualified success by any measure. The ACCE Symposium on the *Future of Clinical Engineering* held on the Saturday, June 14 had upwards of 150 attendees and was a major draw for the first day of AAMI's Annual Conference



ACCE's Symposium on the Future of Clinical Engineering draws record attendance

and Expo. Topics ranged from the future of *Smart Hospitals*, to *Integrating the Healthcare Environment* (IHE) to surgical robotics, to the need for the clinical engineering profession to adapt to rapidly changing technologies. The feedback from those who attended indicated the sessions were all well received and should be elaborated on in future educational offerings.

The annual ACCE Reception & General Membership Meeting held on Monday, June 16 provided a convivial forum for



ACCE President, Ray Zambuto, delivers his state of the organization address to at the annual meeting membership meeting

members to renew old acquaintances and establish new ones with their clinical engineering colleagues. The meeting featured an inspiring presentation by ACCE's President, Ray Zambuto, who now begins his second year in that office. In his presentation then (and reinforced in his message on page 2 of this newsletter), Ray talked of coming opportunities and challenged clinical engi-



Members and guests enjoy conversations and refreshments before the start of the membership meeting

neers to step up and help insure our profession is prepared to meet healthcare's future technological needs. Following Ray's presentation,

ACCE's Vice President, Izabella Gieras, recognized the significant contributions sev-



Ray provides information about the organization's new offerings to Matt Barretich at the ACCE exhibit booth

eral of our members made to the profession during the past year (Izabella's Advocacy Report can be found on page 6)

There was a healthy amount of traffic at ACCE's booth in the exhibit hall. Many of the inquiries were about membership and the status of the certification process (see the certification update by Frank Painter page 3).

- Steve Grimes, Editor

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President's Message: *What's Next?*

"What's next?"

This is one of those familiar phrases for those of you who watch The West Wing's President Jeb Bartlett on Wednesday evenings. At this time of year, it's frequently heard in the conference calls and emails of ACCE.

We have, of course, just completed our annual democratic process of electing the Board of Directors for the 2003-2004 year. There have been a relatively small number of changes this year as I



stood for a second term as your President.

Ted Cohen has taken a seat as a Member-at-Large, replacing Barbara Maguire, whose term had expired.

Steve Grimes has joined the Board as our new Vice President.

I would like to express the appreciation of the College to Barbara for her service over the past two years, and to Ted, who, while serving as Vice President, also chaired the two most successful Annual Symposia in our history. Finally, my personal thanks go out to all members of the Board, and especially the Executive Board, for your hard work and support as we brought ACCE through a year of growth and achievement.

Any talk of the "changing of the guard," would be incomplete, however, without acknowledging our recently

retired newsletter editor, Joe Dyro. For as long as I can remember, Joe, with his trusty photographer, C. Snapp Shott, has filled our mailboxes or screens with the latest information and commentary from ACCE and its members. Joe has worked tirelessly to produce a quality bimonthly newsletter. Thank you, Joe.

So, What's next? As the fall approaches, we have a full agenda ahead of us. Everyone's number-one has got to be the certification program. I was reminded recently in an email that it has been almost 4 years since AAMI suspended their certification program. Over that time, ACCE's certification committee under Frank Painter and the Board of Examiners, chaired by Caroline Campbell have put in countless hours to bring certification back - and not just back, but better by far than the old AAMI program.

The two primary criticisms of certification were that the exam had become irrelevant and that a lack of rigor in the process led to liability exposure for the board and commission. These criticisms have been addressed in the new process. The first exam will be given in November at various locations around the United States. There are 25 slots available. The applications and information are on the ACCE website: www.acenet.org. Individuals certified under the AAMI program have until

October 31, 2003 to sign up for recognition by the new program. Recognition forms are also found on the ACCE web site.

A great many people gave up a great deal of their time and energy to make this possible. It's up to you to make it worthwhile. If you are certified, apply for recognition. If you are eligible, apply to take the exam!

As we hit the ground running, we find ACCE activity continuing to grow. Membership is headed for an all time high, the Teleconference Series is healthier than ever, our relations with other societies have expanded to include major involvement with the HIMSS/RSNA Integrating the Healthcare Enterprise (IHE) initiative, newly formed relationships with IEEE-EMB and ASHE, and a spirit of cooperation with the regional biomedical societies. Traditional areas like Advocacy, Advanced Clinical Engineering Workshops, and member services are strong.

All of these areas depend upon you to contribute. New ideas, new energy, and new perspectives are the lifeblood of the organization. You will be called sometime this year to help out. Answer the call. Or call us - all of your officers and committees are listed below.

"Break's over!"

- Ray Zambuto (rzambuto@techmed.com)

The ACCE Board and Committee Chairs

President.....	Raymond Zambuto
President Elect.....	Izabella Gieras
Vice President.....	Stephen Grimes
Secretary.....	Ron Baumann
Treasurer.....	Henry Montenegro
Member-at-Large.....	Antonio Hernández
Member-at-Large.....	Jim Keller
Member-at-Large.....	Ted Cohen
Member-at-Large.....	Joseph Skochdopole
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Membership Committee Chair.....	David Francoeur
HIPAA Task Force Chair.....	Stephen Grimes
Advocacy Committee Chair.....	Izabella Gieras (interim)
IHE Task Force Chair.....	Ted Cohen
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

ACCE Board Meeting Highlights *June 15, 2003*

President Ray Zambuto and other board members discussed the status of relationships and strategic initiatives with various professional organizations (e.g., AAMI, HIMSS, IEEE-EMBS).

The board expressed its appreciation to Joe Dyro for his many years of excellent service as newsletter editor as it regretfully accepted his resignation. The board appointed Steve Grimes as the new editor.

At Ray's suggestion, the board voted to form a PM Task Force proposed by Malcolm Ridgway. Malcolm and Matt Baretich were elected as co-chairs of the new task force.

Election of ACCE Board

During the Annual Membership Meeting on Monday, June 16, 2003 the Nominations Committee recommended the following candidates for the board positions listed:

President.....*Ray Zambuto*
 President-Elect*Izabella Gieras*
 Vice President*Steve Grimes*
 Member-At-Large*Ted Cohen*
 Member-At-Large ..*Antonio Hernández*

Additional nominations were requested from the floor and their being none offered, nominations were closed. During an election held in July, the membership elected the above candidates to their respective posts.

Good luck to all the board members!

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

Treasurer Henry Montegro's report listed 180 members as having paid their 2003 dues and Ray stated his target of 200 members by years' end.

The board discussed the ACCE website and prospects for a redesign that would focus on increasing its functionality. Past president, Elliot Sloane described a "knowledge portal" that would not only provide substantive information but link to many other knowledge-based websites. The board agreed to review web site design options at an upcoming meeting.

Elliot and Certification Committee Chair Frank Painter discussed the

status of the revitalized certification process. Elliot stressed the importance of advocating and communicating to the healthcare industry the need for certification. Frank suggested ACCE prepare a CCE exam guide and exam training programs.

Vice President Ted Cohen reviewed the success of his efforts to reach out to regional biomedical societies and identify several areas of cooperation ... particularly in speakers bureaus and educational programs. Ted said there is also keen interest in developing programs that would attract students and career changers to the biomedical field.

ACCE News

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Members on the Move and in the News

Eric Rosow, Director of Clinical Engineering at Hartford Hospital was the recipient of the 2003 AAMI Clinical Engineering Achievement Award given at the Annual Conference and Expo in Long Beach.

At that same meeting, **George Johnston** received the 2003 AAMI Foundation / ACCE Robert L. Morris Humanitarian Award.

Both these individuals are recognized leaders in clinical engineering profession. Eric is on the leading edge of synergistic melding of clinical engineering and information technologies. For

many years, George has substantially contributed to the spread of clinical engineering throughout developing countries. A well deserved congratulations to both Eric and George.

Yadin David and **Elliott Sloane** have been asked to chair the clinical engineering track at the Institute of Electrical and Electronic Engineering's Engineering in Biology and Medicine annual conference in San Francisco in 2004. This promises to increase clinical engineering's visibility and spur more interest in the profession in this large and influential group.



Elliott Sloane congratulates George Johnston following his receipt of the Robert Morris Humanitarian Award

Certification News

The Healthcare Technology Certification Commission and particularly the U.S. Clinical Engineering Board of Examiners have been working hard on the clinical engineering certification program. A consulting company has been hired to assist in the preparation and administration of the exam. The Board of Examiners has met with them several times to develop questions for the exam, validate the quality of the questions and create an exam so the content matches the clinical engineering body of knowledge as previously established by ACCE. Each of the questions must be evaluated for technical content, valid references, clear wording and clear answers. To write a question so it's acceptable for the exam sometimes requires as much as an hour of discussion and reworking per ques-

tion to get it so it will meet the psychometric and technical criteria of an acceptable exam question. The exam will be given on November 22 in 30 major cities around the US. The deadline for application for the exam was extended until near the end of September 2003. The exam will be given annually, so if you missed the deadline this year, you can sign up for the exam being given again next November. Currently there is no study guide to use in preparing for the exam, but ACCE is planning to write one in the next 4-6 months and publish it by April 1, 2004.

The clinical engineering certification recognition program, administered by the Healthcare Certification Commission and the U.S. Clinical Engineering Board of Examiners is now in place and

accepting applications for recognition of previous (AAMI-ICC) certification. The deadline to fill out the application for recognition is November 1, 2003. The application is on the web at <http://www.accenet.org/certification/>. There is no application fee or renewal fee to become recognized and listed by the new program. The periodic renewal program will begin in June 2004, so the HTCC will follow-up in the spring with a letter to all individuals who obtained recognition by applying before November 1, 2003.

If you have any questions about clinical engineering certification please send an e-mail to certification@accenet.org or call ACCE's phone number at (610) 825-6067 and leave a message.

- Frank Painter (frpainter@earthlink.com)

A New Look for the News

My good friend and colleague (and fellow Mainer), Joe Dyro has been editor of the ACCE News for over 7 years. Everyone who knows Joe could see something of him in each issue ... e.g.,

the playful photos and editorial twists he added. A great job Joe ... but don't go too far because we're still going to need good authors and witty material.

We have new publishing software now

and a new look (Joe labored with MS Word). Send us suggestions, volunteer news, and let us know what you think.

I'll be in touch,

- Steve Grimes (editor@accenet.org)

Perspectives from ECRI: State of Pennsylvania Patient Safety System

ECRI was recently selected by the Pennsylvania Patient Safety Authority for an exciting new project to design, develop, and implement a statewide reporting system related to patient safety. The Patient Safety Authority is an independent Pennsylvania state agency charged with taking steps to reduce and eliminate medical errors by identifying problems and recommending solutions that promote patient safety. The Patient Safety Authority was established under Act 13 of 2002, the Medical Care Availability and Reduction of Error Act. Act 13 requires the Authority to contract with an outside vendor to perform data collection and analysis activity related to the reporting system. Also, under Act 13, all Pennsylvania-licensed hospitals, birthing centers and ambulatory surgical facilities are required to report medical errors (called "serious events" in the Act) and near-misses (called "incidents" in the Act) to the Patient Safety Authority. There are approximately 355 such facilities in the Commonwealth.

ECRI will provide an easy-to-use, web-based adverse event reporting system that will collect event data and provide reports. With assistance from ECRI, the Authority will analyze the collected data to identify trends or systems failures that can be corrected to prevent future serious events and incidents. This is an innovative state program designed to improve the safety of

healthcare in Pennsylvania and serve as a model for other state reporting systems. The reporting system will include a variety of meaningful and practical tools for use by all of Pennsylvania's healthcare facilities to foster an environment of learning and continuous improvement related to patient safety.

ECRI will be partnering with EDS and the Institute for Safe Medication Practices for this project. The Institute for Safe Medication Practices (ISMP), based in Huntingdon Valley, Pennsylvania is a nonprofit organization that works closely with healthcare practitioners and institutions, regulatory agencies, professional organizations and the pharmaceutical industry to provide education about adverse drug events and their prevention. EDS is a leading international, information technology firm with 138,000 employees providing mainframe, data-center, help-desk and desktop services, application maintenance and development, and business process outsourcing and transformation services to more than 35,000 business and government clients around the world. The web-based reporting system provided by ECRI will be developed in conjunction with software licensed from the University HealthSystem Consortium (UHC).

ECRI is proud to announce that ACCE member, Jonathan Gaev, will be serving as Project Manager for this effort. The Pennsylvania problem report-



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

ing system is intended to encompass all types of errors occurring in healthcare facilities including medication errors, surgical errors, falls, and device-related injuries. Jonathan's role as Project Manager underscores our ability as clinical engineers to apply our multidisciplinary roles far beyond our traditional medical technology focus. Best of luck Jonathan!

Feel free to contact me (jkeller@ecri.org or (610) 825-6000, ext. 5279) or Jonathan Gaev (jgaev@ecri.org or (610) 825-6000, ext. 5368) if you would like more information about ECRI's Pennsylvania Patient Safety Authority problem reporting system project.

- Jim Keller (jkeller@ecri.org)

World Congress on Medical Physics & Biomedical Engineering

The Triennial Congress of the IUPESM/IFMBE/IOMP <http://www.wc2003.org/> was held in Sydney, Australia between August 24-29th. Nearly 2000 delegates from 74 countries attended the program despite the turbulent world events—war, terrorism, economic downturn and SARS. The central theme of the con-

ference was "Physics and Engineering in Evidence-Based Medicine". After the official opening welcome by the Australian Minister of Health, Lord May of the University of Oxford & President of the Royal Society delivered the keynote address. A weeklong track on **Health Technology Management** chaired by Mladen Poluta (South Africa), Dr.

Richard Tremewan (New Zealand), and Adrian Richards (Australia) was featured with many presentations of interest to clinical engineering. ACCE members presenting included Enrico Nunziata (Italy), Tadeusz Palko (Poland), James Wear (USA) and Tobey Clark (USA).

- Tobey Clark (tobey.clark@uvm.edu)

Advocacy Report

The Advocacy Committee, the Board of Directors and the members of the American College of Clinical Engineering had the great pleasure to present the Advocacy Awards for 2003 at the AAMI 2003 conference in Long Beach, CA to seven very distinguished individuals who have excelled in the clinical engineering profession. Each award consisted of an engraved plaque and a check.

The **Devteq Patient Safety Award** was awarded to **Mark Bruley** for his extensive work in patient safety over the years. His work on patient safety initiatives and medical errors is greatly respected throughout the country and amongst his ACCE peers.

The **ACCE Challenge Award** was given to **Luis Cornejo & Sophia Zikherman**, which consisted of an inscribed certificate and a one-year ACCE membership. Mr. Cornejo and Ms. Zikherman (Laboratory Supervisors in SUNY Downstate Medical Center's clinical engineering department - the Scientific & Medical Instrumentation Center, SMIC) have displayed and continue to demonstrate exemplary work in a wide spectrum of patient safety initiatives. Mr. Cornejo's main concentration is in medical equipment technology and risk management, equipment acceptance testing and quality control. Ms. Zikherman is involved in medical equipment preventive maintenance and repair program management as well as provision of emergency responses for critical care equipment.

This year the **Thomas J. O'Dea Advocacy Award** went to two very distinguished individuals: **Steve Grimes** and **John Hughes**. Mr. Grimes has acted as a pioneer in the clinical engineering involvement in HIPAA. Over a short period of time, he has become the national authority on the effect of HIPAA on clinical engineering, writing numerous papers that were presented in both

clinical engineering and other forums including the national HIPAA Summit and the 2002 HIMSS meeting.

Over the past few years, Mr. Hughes has played an outstanding role as the AAMI liaison to HIMSS and served on various HIMSS educational committees. His extensive work in this area has made the profession of clinical engineering known to the HIMSS organization.

The **Professional Achievement in Technology Award** this year went to **Malcolm Ridgway**. Over the past thirty years Malcolm has demonstrated an exemplary leadership in the profession of clinical engineering. His contribution to the work on the hazards of microshocks has been greatly respected throughout the country. His most recent efforts to establish a practical and effective guideline for prioritizing maintenance on medical devices has been

The **Professional Achievement in Management Award** was awarded to **Kenneth Maddock** for his great work in the field of clinical engineering management as well as his recent publication of *Candidate Wanted: How to Find the Right Match for Your Department*. The article was published in AAMI's *Biomedical Instrumentation & Technology* journal and was well received within the clinical engineering community. The article highlighted the vital role clinical engineering departments must play in assessing the technical capabilities required by candidates seeking clinical engineering positions.

Once again congratulations to all Advocacy Award awardees and all the best in their present and future professional ventures.

The Advocacy Committee is now welcoming nominations for Advocacy Awards 2004. Please contact Izabella Gieras at igieras@bsc-rscservices.com



Ira Soller Director of Biomedical Engineering (SUNY Downstate Medical Center) congratulates **Sr. Biomedical Engineers Luis Cornejo and Sophia Zikherman** on their receiving the **ACCE Challenge Award**

well highlighted in his publication *Classifying Medical Devices According to Their Maintenance Sensitivity: A Practical, Risk-based Approach to PM Program Management* featured in the AAMI's *Biomedical Instrumentation & Technology* journal.

with your nomination. The list of Advocacy Awards and the corresponding criteria will be available on the ACCE website shortly. -

- **Izabella Gieras**
(IGieras@bsc-rscservices.com)

From the Penalty Box: *These are confusing times*

On a recent Sunday afternoon, with the temperatures in the high 80's I found myself in a hockey arena watching the grandson play a game. The fog off the ice was very thick and you could not see the players if they were in the far corner. Hockey is a winter sport ... *so why am I watching it in July?*

My wife was recently treated in the emergency room of the local hospital for what we thought was a reaction to a bug bite. The diagnosis was "we are not sure what it is or what caused it but here are some prescriptions that should take care of it." So between the insurance and the co-pay we got "we are not sure but these meds should take care of it." What would happen to those of us in the clinical engineering profession if we gave answer to an administrator with so few hard facts in it?

While driving between hospitals I generally listen to the news on the radio. On July 29 one of the stories was about the Defense Department proposing to use the futures market to get information on projected terrorist actions. So you could call your broker, buy a hog belly contract ... and *where* and *when* the next bombing or assassinations are going to happen. Thankfully once the program was made public it was stopped. Somewhere old Maxwell Smart is saying to the chief, "would you believe?" or "it missed me by this much." That was comedy but this is real life ... and betting on future terrorists actions is more than just a little crazy.

Moving on to some of the recent research reports that were in the press. One that I am the poster boy for is that too many of us are overweight (I prefer to say too short for my weight) and we should watch what we eat. Another study says eat pizza twice a week and you will cut your risk of certain cancers. In another report it said that some component in tobacco might prevent a protein associated with Alzheimer's from forming. So we have a choice our lungs or our brain.

In the local paper there was a story about a person that was on some 18 medications for her problems ... mostly self-induced. Several of the prescriptions were to counteract the side effects of another prescription. In another story it was reported that a major breakthrough was made in removing the side effects of a very popular drug, just before it was to come off patent protection. One company had developed the generic version of the drug and it was scheduled to retail for less than 30% of the "brand name" prescription drug.

We have a city here in Massachusetts that announced that it would be purchasing all the drugs for its employees from Canada. The projected savings are over \$8 million per year. Getting drugs from Canada is a very common practice here in New England. Many senior groups sponsor semi-monthly bus trips, one to Canada for drugs and the other to one of the casinos in Connecticut. Is the logic behind this *save money on your prescriptions* so you can gamble it away?

There is a major battle going on about getting drugs from other countries with some parties charging the quality is not as good as it is here in the US. I do not take any prescriptions but I do take vitamins and anti-inflammatory pills. In looking at those bottles there is not a country of origin listed on the label. So I looked at many other "over the counter" pills at the local pharmacy and less than 10% of those had the "country of origin" on the label. Something tells me this battle has more to do with profits than safety.

Recently I was in Europe working with a group from Russia on a program to rebuild hospitals in their area. This project covers 24 hospitals and clinics serving over 2 million people. The clinics were set at 2 levels. The first was a basic "well patient" clinic where pre natal care, inoculations, and minor problems were to be covered. The next level was close to what we call a walk in

clinic where certain tests could be done, minor surgical procedures performed and dialysis given. There were 4 "basic" clinics for each "advanced" clinic. The hospital was a full service unit except for radiation oncology (that was to be performed at an older "university center"). The push in the hospital was to follow the US hospital pattern of quick turn around (e.g., stays less than 4 days) whereas the "university center" had an average of 15 in-patient days per case. While they are investing in technology and believe it will *help* them achieve their goal, they realize technology alone is not enough to get them to the goal of short patient stays. They are also investing heavily in staff training programs. They are also looking for affiliations with hospitals in the West where patients can be referred for treatments or procedures not available in Russia.

There are several people that I must acknowledge. The first is **George Johnston** for receiving the **Robert Morris Award**. George has spent many years in less than ideal living conditions helping people all over the world. George you deserve that award. The second person is the Polish Prince aka **Joe Dyro** who has turned over the editorial duties of the ACCE News to Steve Grimes. Joe you did a good job.

So summer is about over, our fiscal years are closing and our money is running out. We have more work to do with less people and in a shorter time frame. But that's not a problem. As clinical engineers we have done it before and we will be doing it again.

-Dave Harrington (Dave@sbtech.com)



The ACCE Healthcare Technology Foundation

Following the introduction of the **HealthCare Technology Foundation** at the AAMI annual meeting, the Foundation's Board of Directors focused on completing the administration of the application process for (1) a not-for-profit status with the IRS, and (2) Insurance for Directors and Officers. In parallel, Committee chairmen developed a list of objectives for and solicited membership in each of the working committees. Wayne Morse, Development Committee, presented a proposal for the Creation of Engineering Excellence Institute to be funded by the Foundation and members of the Industry. Elliot Sloane, Budget and Audit Committee, will pursue potential SBIR grants, while Frank Painter, Professional Credentials Committee, successfully completed the negotiation for

an Agreement between the **ACCE Healthcare Technology Foundation** and the **Professional Testing Corporation**. As a first step in administering a high quality Certification program. Marvin Shepherd, Professional Practices and Education Committee, is reviewing the new Guidelines for Incident Investigations and a draft of the Code of Ethics for Clinical Engineers. Please support your Foundation as every dollar counts and will bring us

- Yadin David
 President,
 ACCE Healthcare Technology Foundation
 (ybdavid@texaschildrenshospital.org)



ACCE Foundation Board (left to right): Ray Zambuto, Elliot Sloane, Matt Baretich, Ira Tackel, Tom Bauld, Wayne Morse, Yadin David (President), Frank Painter

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ACCE Teleconference Schedule

September 18, 2003

Disaster Preparedness-The Role of Clinical Engineering:

Duane Mariotti and Yadin B. David

How can Clinical Engineering departments assist their healthcare organizations in preparing for disaster? Topics discussed will focus on technology needs for responding to disasters, from medical and personal protective equipment to telecommunications, information technology, security and facilities issues. Speakers will discuss their stories and lessons learned in using technology to respond to disaster.

October 16, 2003

A Simpler Risk-Based Approach to PM Inspections

Malcolm Ridgway

The current consensus that much of the traditional PM workload is a waste of valuable resources has grown steadily during a period of seemingly endless debate about how we can make our PM programs more effective. This new method allows us to reduce each series of PM inspections to a simple, single measure (the *Risk Score*) that can be used to characterize the effectiveness and levels of safety of the PM program parameters being used.

November 20, 2003

HIPAA's Final Security Rule

Stephen L. Grimes

HIPAA's Security Rule is finally out! And this new federal regulation will have a major impact on the future of biomedical technology programs. Learn how the CE community needs to adopt a new mindset in order to effectively address data security issues centered on the need to preserve the integrity, availability and confidentiality of health data maintained or transmitted by biomedical devices and systems.

December 18, 2003

Attributes Sampling Applied to Clinical Equipment Inspections

Binseng Wang

Hospitals can now use statistical sampling techniques to manage equipment under the revised JCAHO standards. The attributes sampling technique used for over 50 years in industrial production will be reviewed as a tool to optimize the use of limited resources.

January 15, 2004

Integrating the Healthcare Enterprise (IHE)

Joyce Sensmeier

The IHE initiative is sponsored by the

Healthcare Information and Management Systems Society (HIMSS) and the Radiological Society of North America (RSNA), which promotes the coordinated use of established technical communication standards (e.g. DICOM and HL-7) to address specific medical systems integration needs. Learn more about this initiative, upcoming projects, and some examples of how this initiative has been applied.

February 19, 2004

Clinical Engineering and Healthcare Facilities Engineering-Engineering for Patient Care

Matthew Baretich

Clinical Engineering and Facilities Engineering have historically had very different organizational cultures. However, there are also many parallels and many opportunities for cooperation in healthcare facility design and operation. This presentation is about ways to create synergy and to apply our engineering skills more broadly for improved patient care.

HIPAA Update

ACCE and ECRI are putting the final touches on the co-produced *HIPAA Security Compliance Guide for Medical Technology*. This substantial compendium contains an extensive overview of HIPAA's Security Rule, reviews necessary compliance measures for medical technology, and provides recommendations for how to implement the rules with specific medical technology related examples.

Highlights include:

- √ Recommended best practices
- √ Checklists for inventorying and analyzing risks
- √ Self assessment tools to analyze ongoing levels of compliance
- √ Tools for setting priorities and implanting a mitigation plan
- √ Sample information security incident reports and business associate agreements
- √ Typical policies and procedures

ACCE and ECRI are offering the *Guide* to their members for \$329 (\$100 off its \$429 list price).



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 until October 31, 2003.

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

 <p>The Advocacy Committee needs a CHAIR!</p>  <p>You need a successful CAREER</p> <p>Solution Become a LEADER in our profession</p>	<ul style="list-style-type: none">✓ Network and develop skills as you lead a team of approximately 15 members✓ Promote our profession to students✓ Initiate mutually beneficial relationships with other professional organizations <p>Contact: Izabella Gieras E-mail: igieras@bsc-services.com Phone: 248-551-0549</p>
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Baretich Engineering



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Calendar of Events

September 17-21, 2003
Institute of Electrical and Electronic Engineers – Engineering in Biology and Medicine (IEEE-EMBS)
Cancun, Mexico

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
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