

ACCE President’s Message

I want to congratulate all of you who have participated in ACCE activities this last year. So many of our members are becoming more and more involved thanks to their work on committees, the Board, and as part of the grass roots communications activity.

A very important activity that all of you should be aware of is the Vision2000 Project. This is the ACCE’s process to review the current and future environment of healthcare and develop strategies, objectives, and specific initiatives that will prepare our membership for the changes that are occurring and that will continue to occur at a rapid pace. You should all have received a letter from Mo Kasti and Gailord Gordon that provides a stimulating discussion of the environment and some of the predicators / projections for clinical engineering. I would like each of you to give that letter careful thought and be prepared to discuss and debate some of those topics at the Annual Meeting in Anaheim. Please provide your written comments to Gailord or Mo as soon as possible. Your experience and assessments of what will be needed for long term survival are key elements in putting together the Vision and making subsequent recommendations happen.

ACCE members have organized and been the faculty presenters for a relatively new method for delivering educational material; the ACCE Audio Teleconference Course Series. Dozens of members have attended the courses simultaneously all over the country and the evaluations have been extremely positive. For those who have not yet participated in the courses, that’s too bad. But, you may still have an opportunity to acquire the course materials. We are considering making the audio tapes and course handouts available for a nominal cost and we encourage your inquiries about the previous courses. You will definitely not regret participating. Do not miss the opportunity to sign up for the June 15th course by Ode Keil titled “The JCAHO’S Changing Perspective and Its Impact on Clinical Engineering” and the July 20th course by Dr. Warren Grundfest titled the “Role of Technology in Determining Patient Outcomes”. Contact Jim Wear’s office at (501) 370-6618 to register. There are many other examples of success and contribution by our members. We had previously announced the availability of the Guide to the Donation of Medical Devices. It will be distributed to members at the Annual Meeting and will be available by mail to the many requesters shortly thereafter. It is a concise straightforward guide to enhance the successful use of donated technology. The document should improve communications and review by both donors and recipients of medical equipment through all stages of the process. Single copies are also available to non-members at a price of $25.00.

Congratulations to members who have assumed new roles within our organization. Mark Brody is the new editor of the ACCE News and responsible for this fine product. George Johnson takes over as Chair of the Advocacy Committee replacing our hard working and enthusiastic Denver Lodge.

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Our collaborative agreement with the ASHE Clinical Engineering Section assures each of you the ASHE member rate for their upcoming Medical Technology Management meeting to be held in conjunction with the next annual RSNA meeting in Chicago this October. John Hughes and Tom O’Dea will be our official liaisons to the ASHE Clinical Engineering Section Committee working on this meeting.

There is much more to do and we all need to help each other. An organization such as ours can only be successful when there is a high degree of enthusiasm and energy directed to making the profession better for all of us. I encourage you to take an active role. Contribute to your peers and your profession and you will reap the benefits.

For those of you who have concerns about job security downsizing and consolidations you are right to be concerned but don’t lose sight of the contributions and impact you have made and will continue to make. Things are much different now. The old paradigm where there was an abundance of healthcare subspecialists and healthcare service support staff are declining. We must be cost-effective, multi-skilled, and able to handle a wide variety of assignments and challenges. Education at all staff levels remains a key element for success. Practice flexibility and good customer services in all that you do and encourage the same by your colleagues.

I look forward to seeing you in Anaheim. You and any guests are invited to the first Annual ACCE Oktoberfest (in May) to be held Sunday evening from 10:00 PM ‘till Midnight in the Coronado F Room at the Disneyland Hotel. This will be an informal opportunity to network with your peers in a relaxed, casual environment. Please join us.

Tom J. Bauld, President
Editorial: Think Globally - Act Locally
Mark S. Brody, CCE

The phrase *Think Globally-Act Locally* probably conjures up visions of the rain forest, spotted owls, manatees and whales. It is unlikely that you have ever associated it with the clinical engineering profession. But you should.

Ironically, the phrase *Think Globally-Act Locally* dates back to the early 1970s; about the same time that our profession formalized its beginnings. The phase was originated by Rene Dubos at the time he served as chairman of the group of experts advising the United Nations Conference on the Human Environment. “His purpose (in this phrase) was to convey his conviction that, while all environmental problems have global aspects, sweeping statements about them can hardly be converted into action”. In a 1979 article published simultaneously in Newsweek and the Wall Street Journal, Dubos suggested that “global consciousness should begin at home”. The phrase is now a registered trademark of the Rene Dubos Center for the Human Environment.

Since its inception, the ACCE has come under criticism for channeling resources into foreign efforts. I chose to focus your attention on the concept *Think Globally-Act Locally* for my inaugural column as Editor of the ACCE Newsletter because I fear that some of our membership has failed to shed a dangerous old paradigm in making this criticism. The thought about how close we all are came to me at the end of one of the recent Teleconferences (about 1:15 pm EST) when someone from the East Coast commented about missing lunch. There was a familiar laugh almost immediately heard on the telephone from a colleague on the West Coast (10:15 am PST), followed by the comment “boy, you people eat early”.

Although communication technology has shrunk the globe, only vision and hard work will help improve our world. I have been fortunate in my career to have first hand knowledge of our global profession. In 1991, my hospital hosted several of our Latin American colleagues during the First International Advanced Clinical Engineering Workshop in conjunction with the Pan American Health Organization (PAHO). Beyond the knowledge shared during this event, it was extremely gratifying to me when I was able to serve on the oral exam panel, a year later at a local society meeting, when one of my guests successfully completed the requirements for Clinical Engineering Certification during a return trip to the U.S. In conversation, this engineer shared example after example of the positive changes that he was able to accomplish in his homeland with the training that he had gained during the Workshop and at our hospital. Because of this experience, I eagerly accepted the invitation to teach a class for the Eastern European attendees at the Second International Advanced Clinical Engineering Workshop in Boston; only 90 miles from my home.

In November 1991, I attended the IEEE/EMBS Conference in Paris, France. Most of my trip was funded from royalties associated with my contribution to the textbook “Management of Medical Technology: A Primer for Clinical Engineers” edited by Dr. Joe Bronzino. The driving force for completing the work, as I labored each night in the spare bedroom of my home with the word processor on my Apple II computer, was “write the chapters...go to Paris for the conference and book introduction (my wife helped me along too...“write the chapters—wife comes to Paris”). Once at the conference in Paris, I began for the first time to truly comprehend the global aspect of our profession. I sat in awe at lunch as educators from Canada, France, Italy, and England examined their curriculums with my educators and mentors from Hartford, CT and Stony Brook, NY.

My point in taking you on this travelogue was to emphasize that most of these adventures happened from my home, my office, or with-in a two hour drive of my house. It was the outgrowth of the effort that spanned continents. With very little technology (a phone, an electronic or manual word professor, etc) all of us can, and should, become part of the global clinical engineering community.

From my perspective, the ACCE has an obligation to serve both the local needs of its membership and the global needs of our profession. That is why I am honored to have the opportunity to bring you this

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issue of the ACCE Newsletter which contains articles highlighting a variety of ACCE activities from the expansion of the Grass Roots Effort to increase horizontal and vertical communications within our organization, to the application format for Fellows and Advocacy Awards which recognize our finest; from teleconferences on survival tools and P.A.C.E. to Vision2000; and from a colleague we can get to know in St. Louis to colleagues we’d like to know and help through our efforts in Kenya and with the WHO and UNICEF.

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ACCE Board Highlights
Marvin Shepherd

Summary of February 8, 1995
ACCE Board Meeting

- Effective January 1, 1995, the ACCE Secretariat has been established at ECRI. The new address is American College of Clinical Engineering, 5200 Butler Ave., Plymouth Meeting, PA 19462-1298 (610) 825-6067.

- The ACCE is co-sponsoring the May 24-25th Conference on Electromagnetic Compatibility for Medical Devices in Anaheim with AAMI, the FDA, and ECRI.

- We have a strong interest from European clinical engineers in ACCE activities. Thirty-one new members have been added to our membership list and many have called Tom Bauld offering their support.

- The Treasurer reported a cash balance of approximately $16,121. So far ninety five persons have paid their 1995 dues.

- A new membership directory is planned for release after the election of ACCE officers in May.

- A new international Directory of Clinical Engineers is to be available soon. A recommendation was made that it be provided to ACCE members free as a part of the membership services. The Board voted not to provide the directory as a part of membership services but encourages purchase by individual members. Copies are available from Biomedical Resource Group (516) 751-7244 for $15.

- The AIMBE meets again in Washington DC in March 1995; all ACCE members are encouraged to attend. A representative from ACCE will attend.

- The Board voted to identify and promote a National Clinical Engineering Week in 1996. The week will be June 11-17, 1996. Other organizations such as ASHE, IEEE, AAMI, etc. will be encouraged to support this effort.

- Ethan Hertz and Wayne Morse are coordinating the AAMI committee for Establishing Guidelines for Clinical Engineering Programs. Mark Brody has volunteered to be the ACCE designee to this committee.

Summary of April 12, 1995
ACCE Board Meeting

- Some officers and committee members have made inquiries regarding payment of expenses related to ACCE activities. Ira Tackel said that the expenses incurred by Board members were generally absorbed by each Board member. But, it is important to find out what those expenses are. Joe Dyro recommended, and the Board approved, that all members should send the Treasurer a brief note explaining any expenses related to ACCE activities to allow some judgment to be made as to the total expenses being incurred by the organization. This will also provide some information on what expenses the Board should approve for payment to a member if requested.

- A motion was made to waive ACCE membership fees to unemployed ACCE members. The Board voted unanimously to approve the motion. In addition, the Treasurer was authorized to make the waiver based purely on a written statement from the member requesting the waiver.

- Jim Wear reviewed the Audio-Conference activities. There have been three held to date and a survey of the February attendees rated the course content quite high and the method very convenient. Projected costs suggest a possible loss of $1,000 - $1,500 if
attendance remains the same for the upcoming events. The mechanism for the conference has now been well enough established that it could be turned over to the Secretariat for future handling. The Board agreed to wait until May to decide if a second series of audio presentations will be held and whether to begin sales of tapes and handouts.

- The Nominations Committee completed its nominations for officers to be voted on in May. The slate approved is:
  Tom Bauld, President
  Tom Judd, Vice President
  Marvin Shepherd, Secretary
  Ira Tackel, Treasurer
  Ethan Hertz, Member-at-Large
  Gregory Davis, Member at-Large

- Two ACCE members have been nominated to FDA committees. Tom Bauld will provide recommendation letters.

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Grass Roots Teams
Tom Judd

Last October, the ACCE introduced a new program designed to increase communications between members and increase everyone's participation in the ACCE. Under this Grass Roots effort all members became part of a geographically proximal team. A team leader was appointed and charged with convening their team at regular intervals to discuss issues and possible solutions relevant to clinical engineering. The hope in creating these teams was to spawn local discussion of national issues and feed the ACCE Board with local issues of national significance.

During the year, the ACCE Board has attempted to utilize these teams to gather information from the membership with varying degrees of success. The team structure was extremely successful in joining members together to participate in the educational teleconference series. However, teams have been limited in their response to questions generated for their response in ACCE News and by FAX to the team leaders. Hopefully, we can chalk this up to good intentions supported with inadequate resources.

In the past, only two to three Board members have been assigned to work with the Grass Roots teams. With 34 teams spanning the globe this coverage proved to be insufficient. Recently, it was decided to group the 30 local North America teams into six regions and appoint a regional coordinator for each. (Because of their geographic diversity, the international teams were excluded from this regionalization.) The Regional Coordinators are:

- West
  George Panagiotopoulos
  Covering Teams 1, 15, 16, 17, 18

- Southwest
  Woody Fox
  Covering Teams 2, 3, 7, 29, 30

- Midwest
  Bryanne Patail
  Covering Teams 11, 13, 21, 25, 26

- Southeast
  Spears McAllester
  Covering Teams 4, 5, 6, 8, 9, 14

- East
  Kelly Galanopoulos
  Covering Teams 10, 22, 24, 27, 28

- Northeast
  Jeff Secunda
  Covering Teams 12, 19, 20, 23

Now, each Board member has 3-4 regional coordinators to contact for information, each Regional Coordinator has 4-6 team captains to contact, each team captain has 4-7 people to contact, and the entire organization can get information and provide feedback to its leadership! This system will be tested in the coming weeks. Please support your Regional Coordinators and Team Leaders by giving the ACCE a moment of your time when they call.

For further information call your Team Leader, your Regional Coordinator or Tom Judd at 404-364-7140.

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Book Announcement

To much of the public, the uncontrolled dissemination of health care technology seems directly linked to the escalation of health care costs. Yet, every ACCE member knows that in the proper framework, the use of technology can improve health and quality of life at an affordable cost. Medical and Biological Engineering in the Future of Health Care, edited by Joseph D. Andrade, critically examines a number of

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under discussed facets of the current health care debate, with specific emphasis on the impact of medical technology and bioengineering.

A variety of perspectives are presented on such issues as priorities in technology development, technology assessment, the effect of public policy on technological innovation, and the dissemination and availability of new devices and techniques.

The book is available in paperback from the University of Utah Press, 101 University Services Bldg., Salt Lake City, Utah 84112, 800-773-6672 for $24.95 plus $3.50 shipping.

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**ACCE Co-Sponsors MTM Conference**

In an April 17, 1995 letter to Lynn Leatherwood, Chairman CE/MTM Committee of ASHE, Tom Bauld, ACCE President, accepted co-sponsorship of the Medical Technology Management (MTM) Conference scheduled in November of 1995. While expressing some concerns about the specific details of the co-sponsorship that ASHE proposed, the ACCE Board approved the overall terms citing that “under the spirit of collaboration the terms are acceptable as a first agreement. Hence, we are anxious to go forward in the development and promotion of the MTM”. John Hughes and Tom O’Dea have been appointed to represent the ACCE on the planning committee. In closing his letter, Tom pledged the ACCE’s support in publicizing the conference adding that “it has been good working with the ASHE leadership. I anticipate that the relationship between our organizations will continue to develop and improve services to our respective membership”.

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**Education Program in Review**

**James Wear**

The Education Committee of the ACCE has been offering an innovative education program in 1995. The program entitled “Re-engineering the Profession: Survival Tools for the New Health Care Environment” included six audio teleconferences. Each teleconference has been one hour in length and was presented on a Thursday, once a month, starting in January. Four of the six teleconference have already been presented. The upcoming presenters and the title of their presentations are:

- **June 1995**  
  Ode Keil  
  JCAHO’s Changing Perspective and Its Impact on Clinical Engineering

- **July 1995**  
  Warren Grundfest, MD  
  Role of Technology in Determining Patient Outcomes

According to Dr. Jim Wear, Chair of the Education Committee, “The evaluation results indicate that the programs to date have been well received by the participants. The teleconferencing mode of programming works well for our membership and the current participants have expressed a desire that it be continued.”

The Series, which was initiated in response to a survey of membership needs, has turned out to be an economical way to conveniently bring presentations by leaders in the field to participants all over the country in a timely manner. Each speaker has prepared handout material which is mailed to the host site for each participant prior to the teleconference. Handouts typically consist of copies of slides or transparencies that the speaker would normally use in their presentation. The speakers prepared presentation is scheduled to be 45 minutes leaving 15 minutes for questions and answers so that it is a fully interactive educational program. Even though some of the presentations have run long, the audience’s interest has led to interesting dialogue beyond the scheduled time limits.
An average of ten to twelve sites, with a total of 40 to 50 participants, have listened to each conference. Each Site is charged $120 for up to three participants, and $30 for each additional participant. Members of the ACCE receive a 30% discount. CEU certificates are issued to all participants from the Department of Biomedical Instrumentation Technology at the University of Arkansas for Medical Sciences.

Plans are being made to continue this educational activity with a second series of teleconferences later this year. Topics that have been mentioned for the next series include:

New Opportunities for Clinical Engineering
How to Deal with Outsourcing
Contract Management

A survey was included in the last Newsletter and is also included in this issue. Please take the time to complete this survey so that other topics of interest to the ACCE membership can be included. The survey can be given to one of the ACCE Officers at the AAMI meeting in Anaheim or faxed to Dr. Wear at 501-771-1775.

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Advanced Clinical Engineering Workshop III

The ACCE has been working on a third Advanced Clinical Engineering Workshop. This Workshop will be different from the previous two in that the Mombasa Organizing Committee is proposing to hold the Workshop for participants from Northern Africa and Europe in the Sub-Saharan Region of Africa. The Committee has begun establishing a curriculum, securing funding and selecting an international faculty to train the students. The Workshop is tentatively scheduled for August 14-27, 1995 in Mombasa, Kenya provided that funding can be secured in time.

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ACCE Vision2000
Gaillord Gordon & Mo Kasti

In a recent letter from the co-chairs of the Vision2000 Committee to each ACCE member, members were asked to consider the future direction of themselves and their profession. Unfortunately, many members are not aware of the Vision2000 initiative which has, more formally, taken the place of the President’s Planning Council. The following is provided as an explanation of the proposed ACCE strategic planning effort: Vision2000. Your comments are welcome at the annual meeting.

PROJECT SCOPE: To develop a strategic plan for the ACCE that will define the framework for the College’s operating activities to accomplish its mission in servicing the membership. The vision will describe the role of the ACCE in the future in dealing with the ever changing healthcare environment.

VISION2000 TEAM:
Gaillord Gordon, CCE, CoChair
Mo Kasti, CoChair
Tom Judd, CCE
Phil Katz, PhD
Yadin David, PhD, CCE
Ira Tackel
Bryanne Patal
Fran Reibman

ACTIVITIES:
1) Assess new opportunities for clinical engineering.
2) Draft a formal vision statement.
3) Formulate strategic initiatives according to vision statement.
4) Form task forces to explore each initiative.
5) Implement action plans recommended by task forces for each initiative.
6) Discuss opportunities and threats to the profession.

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P.A.C.E. Initiative
Thomas J. Bauld & Tom Judd

In addition to Vision2000, which will serve to guide the College, the ACCE is setting forward a group of initiatives targeted at guiding its members toward an improved role within their organizations. P.A.C.E. or Preparing ACCE for Cost Effectiveness is one of the first such initiatives to be proposed. There are seven initiatives under the P.A.C.E. banner:

Develop a data model that all departments can adopt to consistently record equipment services, including labor and material costs, specific services performed, and costs avoided.

Develop an expert system software package that can be purchased by departments to increase the service capabilities of technicians who are not intensively trained on specific devices.

Develop and disseminate financial models (spreadsheets), that allow departments to calculate accurate costs of providing services.

Document and disseminate financially effective activities, initiatives, service structures, training methods, performance inspection processes, capital acquisitions, and work processes that have been documented in saving money.

Provide a cost effective peer review, consulting process to examine a department’s service and business practices and provide recommendations for improvements. Fee structure for this service to be based on a percentage of documented savings in the first twelve months following the consultation.

Produce and distribute electronically, model specific performance tests that are demonstrated to provide maximum value for nominal labor invested.

Develop or partner with a shared resource for printed circuit board repair / exchange. Utilize a commercial vendor to stockpile and repair boards centrally. Provide a financial incentive for ACCE members to utilize this service.

This vision will be achieved through the implementation of the following strategic initiatives:

1. Education:

Education efforts shall be focused toward providing enabling tools for the membership that will elevate their expertise and enable them to develop and deliver technology management services in the changing environment.

2. Marketing/Public Relations

A. Develop an aggressive public relations and marketing strategy to demonstrate the use of technology as enabler for change in healthcare.

B. Assess the changing needs in the healthcare environment, identify new opportunities, and promote the skills and services of the membership.

3. Unification of Efforts:

Integrate the efforts and resources of the ACCE with other existing organizations in order to achieve the vision.

The American College of Clinical Engineering (ACCE) will actively seek to improve the skills of the membership to appropriately manage the technology and play an active role in the evolving health care market.
ACCE Fellows
Binseng Wang

According to the ACCE Bylaws "an individual member may be advanced to the Fellow status in recognition of distinguished service to the profession or achievement in the field of Clinical Engineering." Currently, there are no Fellows in the College because no procedure has existed for a member to follow in applying for this status. The Membership Committee has been working diligently to formalize an application procedure for Fellows. The result of their work will be reviewed at the ACCE's upcoming annual meeting.

The following criteria has been proposed by the Membership Committee for evaluating candidates for Fellow Membership. These proposed criteria are guidelines rather than detailed rules. They are meant primarily to help potential candidates in determining their eligibility for advancement. Every application will be reviewed by the Membership Committee which will forward the application to the Board with the Committee's recommendation. The Board will make the final decision and communicate its position to the applicant.

Advancement to Fellow will be based upon professional achievements and distinguished services to the profession. Under professional achievements a candidate for Fellow must have at least fifteen years of professional experience of which six years must be as a clinical engineer responsible for:
- making decisions which have significant direct clinical impact;
- supervising and managing people, equipment and budgets;
- applying standards and regulations;
- conducting technology assessment, evaluation, and device acquisition; and
- participating in patient safety and quality assurance/improvement.

As an educator and/or researcher, distinguished services to the profession will be considered from scholarly and learned presentations and publications of the following types:
- lectures (at least one hour long) presented in an academic setting;
- technical papers (at least 20 minutes long) presented in a professional setting;
- short courses (at least three hours long) taught at meetings or accredited institutions;
- lectures (at least one hour long) presented to professionals outside of clinical engineering
- articles (at least two pages long) published in peer-reviewed journals; and
- books and/or book chapters published for educational or research.

Consideration as a leader under distinguished services to the profession will be made for contributions from leadership positions in professional organizations. It is proposed that candidates have held at least two leadership positions in the ACCE and at least five leadership positions in other clinical organizations.

No formal application form is being developed. Candidates may use an existing Curriculum Vitae or any standard word processing format for their actual application. A $25 filing fee must be included with the application. This fee covers the evaluation expenses and is non-refundable. An award fee of $50 (to cover the printing of the diploma) will be required when the application has been approved.

Members in good standing who wish to be advanced to the Fellow member category and feel that they meet the outlined criteria should contact the Membership Committee or the ACCE Secretariat for more detailed information.

Membership Committee Activities
Binseng Wang

This report covers the period from May 1994 through March 1995. During this time period the Membership Committee welcomed new chairperson Binseng Wang. Members reconfirmed on the Committee include: Frank Painter, Kelly Galanopoulos, Wayne Morse, and Jim Wear.

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In this period of time 24 invitations for interested parties to join ACCE were sent out and 16 applications were received and processed. Congratulations are extended to the following new ACCE members:

Individual Members:  
Gary Evans  
Anthony Sances  
Malcom Gregg  
William Paperman  
Myron D. Hartman  
Timothy Peglow  
Brian Porras  
Hector L. Pasten  
Watchara Rodbumrung  
Stanislaw Trojanowski  
Jacob Shnayer  
Michael Rubinstein  
Steve Mozelewski  
(advancement from student member)

Associate Members:  
Russell Bert  
Mark L. Grady

Candidate Member:  
Jennifer Marshall

Member Profile  
Larry Hertzler, PE, CCE

As a way to know more about who makes up the ACCE, we will continue to profile members in each issue. This month ACCE News would like to thank Larry Hertzler for agreeing to be our profiled member. In several conversations with the editor, Larry shared his statistics and his thoughts.

Director of Clinical Engineering for BJC Health System which encompasses over 5,200 beds at 14 hospitals and 12 Long Term and Ambulatory Facilities in Illinois and Missouri. He has been in this position since June 1994.

Started career at Hurley Medical Center in 1981 after graduating with a BElecEngr from Purdue. In 1984 he joined Barnes Hospital as the Assistant Director of Clinical Engineering under John Hanpeter, PE, CCE. (John is now the VP of Support Services for Barnes, Jewish, and Children's Hospitals and Larry continues to report to him). Last May, Larry finished his MBA from Washington University.

Serves on the CBET Board of Examiners, BIT Editorial Board, and Advisory Board for two local community colleges. He is married with four children ranging in age from 11 to 5 years old.

Inspired into clinical engineering by Barry Feinberg at Purdue. Stated that they met in hallway and talked about biomedical engineering. "The program interested me", Larry remarked, "and it got me out of all that design stuff that would have put me in a cubicle in the back room for my working life."

Learned a lot from being the Director of Clinical and Facilities Engineering at Barnes. "BMETs sometimes have this chip that they are better than facilities personnel. While there are differences, there is a great deal of high tech in the maintenance world."

Biggest Challenge - keeping up with it all. Larry directs about seventy people, including about 25 BMETs (of which he proudly cites that over 50% are certified). "Traveling to the 60 bed rural hospitals takes time. But, I've been everywhere, except one hospital, at least once in the past year." His goal is to visit each hospital twice a year.

Proudest Success - unique training program. BJC Clinical Engineering has in its ranks a dedicated training technician. Larry says he was fortunate to find a Senior BMET with a background teaching in community colleges. "This person goes to almost all off-site service schools and brings the information back to the department by modifying the coursework to meet our unique needs. This program allows for student geared learning through the use of audio and video tapes, lectures, and hands-on coursework, all at our facility."

BJC uses a homegrown mainframe computer package to support the department. The system was designed by Larry and John in 1985. Larry likes this system because of the speed and data storage capacity of the mainframe. The system allows for on-line work requesting (and status look-up) from the clinical areas. Requests go into an electronic holding area which is frequently screened. Although this system reduces
phone time and paper, STAT work requests are still taken over the phone.

Keys to Success:

1) Staying in touch with customers. “There is a variety of hospitals within our organization. Some grew up together, others joined in later; giving rise to several distinct cultures at BJC Health System. My role is to understand each culture, without passing judgment, and to identify the key people.” Not everyone understands that and they may not succeed. “My style is to not go in immediately and make changes. I’m not predisposed to any one way of doing things. However, this causes things to go slower than others might expect or want. Steady progression will cause success in the end.”

2) Never say NO: “People wouldn’t ask for things if they didn’t need to be done.” Larry explained that “our profession may be in trouble because too many people put boundaries on what they would do. As late as 1991, I was almost stoned to death by the audience at the AAMI Conference after my paper entitled “Don’t Think Maintenance, Think Management” where I proposed that we expand our horizons out of the traditional paradigm.”

Closing thoughts - The difference between the BJC Clinical Engineering and a third party is that “I’m here to do what I can to make my organization better. The big dollars aren’t in PM and repair. If they can do that better, I’ll contract with them. It would be nice if we could get people to change from CE Departments to CS (Customer Solutions) Departments”.

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Member Adds Comments

Ira Tackel was featured in a recent article in Modern Healthcare. In the article “Columbia’s (HCA) Multi-Year Deal with GE Has Industry Talking”, which appeared in the April 24, 1995 issue, Ira voiced his view on “the dual role of advisor and vendor which GE now has with Columbia/HCA”. Ira stated: “that (this venture) clearly could be interpreted as the fox watching the henhouse.” The article went on to quote other industry sources who are “outraged” at the deal. But, it also pointed out that “many hospital groups, not just Columbia, are choosing to sign more long-term, exclusive, purchasing agreements”. Also noted was that “many third-party service companies are greeting the deal with tempered praise...They say that the GE deal proves their argument: Manufacturers aren’t the only ones who can maintain equipment”.

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2nd World Congress and Exposition on Child Health

OPEN MESSAGE: A Critical Decade in the Crusade for Children

Mr. James P. Grant,
Executive Director, UNICEF

As Executive Director of the United Nations Children’s Fund (UNICEF) over the past 14 years, I have observed, in nation after nation, a growing awareness of the importance of policies and programs that are specifically aimed at improving the lives of children and women. More and more, government leaders and grassroots movements understand that the future prosperity of nations, communities and families depends on investments made today in the health, nutrition and education of children, especially girls.

And in the past four years, since the historic World Summit for Children in 1990, this effort has increasingly taken on the zeal of a crusade. A global movement is developing - a Grand Alliance for Children - in which governments and civil society, international agencies and non-governmental organizations are forming creative and dynamic partnerships for children and sustainable human development.

In this connection, I would like to take this opportunity to pay tribute to the dedicated individuals of the Global Child Health Society who are furthering this global partnership in collaboration with UNICEF, WHO, and many other agencies. The Global Child Health Society is bringing together child health pro-

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fessionals and child advocates the world over to share their diverse and valuable experiences. Through publications, networking and gatherings such as Child Health 2000, the Society is playing an important role in improving the lives of the world’s children.

As the countdown to the 21st century begins, I am pleased to be able to report that many of the promises and commitments made at the World Summit for Children are being realized. Among the achievements to date: over 160 countries have ratified the Convention for the Rights of the Child; more than 120 countries have either issued or drafted national programs of action to implement the goals for children and women; universal child immunization has by and large been sustained; The Western Hemisphere has been declared polio-free and several other regions are soon expected to follow suit; the use of oral rehydration therapy has been tripled; breastfeeding is gaining renewed acceptability; and there has been good progress made toward ending iodine deficiencies through universal salt iodization.

During 1992 and 1993, national leaders, senior government representatives and international agencies gathered on a regional basis to examine the progress being made toward achieving the year 2000 goals. At these meetings, mid-decade goals to be achieved by 1995 were formulated. I am happy to report that a majority of the developing countries appear likely to achieve a majority of the mid-decade goals.

The Child Health 2000 2nd World Congress and Exposition presents an excellent opportunity to assess progress toward achieving the mid-decade and year 2000 goals and to strategize on how to overcome obstacles in our way. It should be an action-oriented gathering, where words like determination, collaboration, and cooperation will be frequently heard.

Child Health 2000 will help show that a critical mass is being reached in the great and noble mission of serving children. This “town meeting” of the global village child health professionals, public health workers, clinicians, international health agency representatives, scientists and communicators will provide new hope that we can enter the 21st century having overcome some of the worst manifestations of poverty in the lives of children.

We are convinced that in the remaining years of this decade infant, child and maternal mortality can be drastically reduced; major childhood diseases can be controlled and some eradicated; malnutrition can be cut in half; and children can be better shielded from violence and abuse. Humankind’s new capacity to satisfy the basic needs of all must be matched by a new ethic that rejects the notion that poverty, hunger, disease, ignorance, and discrimination are inevitable.

This is a time for mobilization, boldness and vision. There is much that can be achieved at an international meeting of dedicated caregivers and health planners who share common objectives. Judging by the successful first Congress in 1992, we are certain that the second Congress will provide participants with a forum to make a real difference.

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Three members of the ACCE have been invited to participate in the 2nd World Congress and Exposition on Child Health from May 30 - June 3, 1995 in Vancouver, BC. Elliott Sloane, CCE will chair a session on the Global Approach to Appropriate Technology for Maternal Child Health and present a paper entitled “The Impact of Training and Education on Quality of Decision Making”. Michael Argenteri, CCE will coordinate and present several papers in the session on Successful Programs for Appropriate Technology in Health. Both will also participate in panel discussions along with Robert Morris, CCE.

In his presentation, Elliott will illustrate the impact that the ACCE has made toward improving the quality of clinical engineering services provided worldwide. He will be proudly discussing the organization, participant selection, funding, execution and evaluation activities involved in putting together the International Advanced Clinical Engineering Workshops. He will present information on the positive impact of professional certification and organized professional advocacy in stimulating local and regional university programs. Last, he will show how these activities enhance the quality of decision making concerning the technology used to improve maternal child health in the US, Latin America, Eastern Europe and the former Soviet Union.
Everyone who has participated in any of these programs should take pride in what they have done and wish the three "best of luck" as they share our success with the international audience at this special Congress.

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**ACCE Member Named Co-Editor of JCE**

The Journal of Clinical Engineering recently announced that Dr. Joseph F. Dyro, CCE, President of Biomedical Resource Group in Setauket, New York and immediate past president of the ACCE, along with Dr. William A. Hyman, Professor of Bioengineering at Texas A&M University, and Mr. Michael Sherwood, Director of Biomedical Engineering and Risk Manager at Woodland Heights Medical Center, Lufkin, Texas, have been appointed co-editors of the Journal of Clinical Engineering (JCE), according to Linnea C. Brush, Managing Editor.

Brush stated that "the individuals were selected from varied backgrounds to clearly represent the diverse interests of the JCE’s readership. Their professional experience includes hospitals, as-well-as academic and private sector settings: their training spans clinical engineering, biomedical equipment technology, and research."

"Times have changed in the world of healthcare; clinical engineering departments must be innovative and take the initiative to stay competitive," Brush emphasized. "The Journal recognizes these changes and will maintain its position as an independent publication dedicated to innovation and leadership in the CE community."

In accepting his new role Dr. Dyro commented, "The rapidly increasing number of clinical engineers worldwide are asking to be connected to [a communication] network, and the impact of technological, economic and political change demands a forum." Brush explained that, "with three new editors at the helm, the Journal will strengthen its preeminent position in the clinical engineering community, meet the needs of its readers, and gain in stature and relevance as a forum for professional issues."

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**Washington Hospital Center Celebrates National Engineering Week**

John D. Hughes, Jr.

The 24 member Biomedical Engineering Department at Washington Hospital Center in Washington, DC, celebrated Biomedical Engineering Week at the hospital during National Engineering Week, February 13-17, 1995. The idea to celebrate and promote our profession was proposed by the staff who pulled together to plan and execute a full week worth of events. Posters announcing the celebration and describing the events were designed by the staff and professionally printed. The posters were mounted on easels and placed in strategic locations around the hospital.

The week began with a formal catered luncheon in the hospital’s private dining room. The luncheon was attended by the Hospital’s President and the Senior Vice President of Nursing and Patient Care Services (to whom the department reports). Many kind words were spoken about the department and gifts of appreciation were distributed. The department hosted a catered reception for the entire hospital one afternoon during the week which was very well attended. Vendors contributed lunches for the department throughout the week.

The cornerstone of the week’s celebration was a large display booth in the main hospital lobby staffed by the BME personnel for two hours each day. Equipment, training materials, videotapes and publications were featured and available for review. Prizes and gifts (most of which were contributed by vendors who graciously supported the celebration) were distributed to booth visitors. Booth traffic was extremely heavy, often several people deep at different stations.

All in all it was a tremendous week which recognized and celebrated the contributions of an outstanding group of outstanding people. The cost to the hospital and department were minimal. Yet, the recognition, goodwill, and friendships gained will be invaluable.

*continued on page 14*
Advocacy Awards

George I. Johnson

The following persons were nominated by ACCE members for the 1995 ACCE Professional Achievement and Professional Development Awards, voted on by active Advocacy Committee members and approved by the ACCE Board on April 12, 1995.

The Professional Achievement award recognizes work in defining the exclusive limits for the practice of clinical engineering, i.e. identifying unique functions, roles, activities, duties, and responsibilities of clinical engineers. The work should either be published in a journal of professional standing or at a conference of a professionally recognized health related organization. Publications and presentations must incorporate the word clinical engineer or clinical engineering in the title. Term used must be consistent with the ACCE definition of clinical engineer.

This year an award for Professional Achievement will go to Wayne Morse, CCE for his paper “Career Opportunities in Clinical Engineering” which appeared in the Journal of Clinical Engineering, Vol.17, No. 4, 1992, pp.303-311 and is reappearing in the chapter on Clinical Engineering of the CRC Engineering Handbook now in press. Also receiving a joint award for Professional Achievement are Monique Frize and Michael Shaffer, CCE for their paper “Clinical Engineering in Today's Hospital: Perspectives of the Administrator and the Clinical Engineer”, which appeared in Hospitals and Health Services Administration, Vol. 36, No. 2, 1991, pp. 285-305. (Historical).

The Professional Development award recognizes accomplishments of professional advocacy which promote awareness and appreciation of clinical engineering within other healthcare professions. These actions are mainly through publications and presentations in a distinctly non-engineering health related publication or conference. Publications and presentations must incorporate the word clinical engineer or clinical engineering in the title. Term used must be consistent with the ACCE definition of clinical engineer.

Enrico Nunziata and Awa Diouf will share this year’s Professional Development award for their presentation “Gestion Des Infrastructures et Des Equipment’s Sanitaires,” presented in November 1994 before the Senegal Ministry of Health at a national meeting on medical equipment management.

Each award winner will be presented with an engraved plaque at the ACCE Annual Meeting. The plaque identifies the winner and the title of the publication or presentation the award recognizes. The award also carries a $500 prize (to be split in the case of multiple winners for the same award). This year marks the last time that award nominations will be accepted recognizing historical contributions, i.e., activities preceding the formation of the ACCE.

With the announcement of this year’s winners, the Advocacy Committee is calling for your nominations for the 1996 Professional Achievement and Professional Development awards. We all know of members who have made outstanding contributions to the profession of clinical engineering. To recognize and reward them, you must nominate them. So, as you applaud this year’s winners, be thinking and discussing with your colleagues others who are deserving of this award.

To be eligible for an advocacy award, a nominee who is a clinical engineer must be a member in good standing with the College. Non-clinical engineers can also be nominated and are not required to be members of the ACCE. All nominations must be submitted to the Advocacy Committee by December 31, 1995. The ACCE Board will annually determine the number of awards to be approved and the cash amount for the annual award.

To nominate one of your peers simply complete a nomination form and submit it to an ACCE Officer or mail it to the ACCE Secretariat.
Calendar of Events

Clinical Engineering Summer Institute, June 5-16, 1995, The Hartford Graduate Center, Hartford, Connecticut. Call 1-800-290-7637 or (203) 548-2450.


Model Based Biomeasurements - MBB 1995, September 6-9, 1995, StarA LesnA (High Tatras), Slovak Republic. Call 011-42-7-374 033, fax 001-42-7-375 943, or e-mail: imeko@savba.sk.


17th Annual International Conference of the IEEE Engineering in Medicine and Biology Society & 21st Canadian Medical and Biological Engineering Conference, September 20-23, 1995, Montreal, Canada. Call (514) 848-1133, fax (514) 288-6469, or e-mail: embe95@coplanor.qc.ca.


ACCE Teleconference Survey

Based upon the first three conferences, the program has been an excellent service to our members. At the March conference, there were 11 sites on-line with over 50 participants.

The ACCE Education committee is planning the second set of teleconference programs and would like your input.

Please complete this survey and Fax it to James Wear at 501-771-1775 by June 2, 1995.

Indicate which topics you would participate in an audio conference (1 = first priority, 2 = second priority, ...)

___ Contract management
___ Maintenance insurance
___ Information systems
___ Productivity improvement
___ JCAHO topics (specify)_________________
___ Benchmarks
___ Quality improvement
___ Project Management
___ Financial Management
___ Outsourcing
___ Marketing your department
___ Technology assessment
___ New opportunities for clinical engineering

List other topics:
____________________________________
____________________________________
____________________________________

List who you want as a speaker:
____________________________________

At what price would you buy the audiotape and handouts from an audio teleconference: $ _________

What has prevented you from participating in the audio teleconference program?

___ No speaker phone
___ Not interested
___ Too expensive
___ Other ____________________________

Fax your completed survey to Jim Wear at 501-771-1775.