ACCE News

Newsletter of the
American College of Clinical Engineering

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May June 2005

President's Message: ACCE's Success in Tampa

What a wonderful success with all ACCE events and activities this past May in Tampa during the AAMI Annual Conference & Expo! It was good to see so many of you there and we missed all those that could not join us this year.

The AAMI conference featured a diverse spectrum of clinical and biomedical engineering topics focusing on patient safety, medical technology interoperability and integration as well as fostering clinical engineering relationships with other healthcare stakeholders.

The conference started on a great note with the 8th Annual Clinical Engineering Symposium presented by ACCE. The symposium focused on *Information Security for Medical Technology* with a booming attendance of well over 200 with people standing in the back of the room. The symposium featured speakers from ACCE, ECRI, FDA, VA, medical device manufacturers, healthcare providers and consulting, addressing the important issues on providing a secure medical technology environment. The ACCE Symposium Planning Committee once again did a wonderful job producing a one of a kind symposium program. The program was so successful we ran out of handouts! However, please note that the speakers' presentations are available on the AAMI website at www.aami.org.

The CE Symposium at this year's AAMI was a rousing success!

The same day, the Expo Hall opened and so did the ACCE Booth. The ACCE shirts and hats and other great materials available at the booth attracted many interested parties.

The ACCE Annual Membership meeting was attended by ACCE members and special guests with well over 100 people that joined in for the reception, once again sponsored by Four Rivers Software Systems Inc.. Our organization, which has grown to 250 members, had a great year filled with new and exciting activities that were shared with our members at the membership meeting. The review of the strategic development activities for ACCE stimulated lively discussions and many new great ideas for the ACCE Strategic Development Committee. The meeting included the unveiling of the new ACCE website (www.accenet.org). Please check the ACCE website for the new look! The meeting also included recognition of the ACCE Outgoing Board members and

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Inside this issue:

ACCE Announces New Professional Practices Chair

Paul Sherman takes on the position as the chair of the ACCE Professional Practices Committee. Mr. Sherman is a Biomedical Engineer with the VHA Center for Engineering & Occupational Safety and Health (CEOSH) in St. Louis.

We would like to thank Mr. Marvin Shepherd and Dr. George Johnston for their past leadership and dedication to the Professional Practices Committee. Mr. Sherman is very eager to take on the new position.

Please join me in congratulating Mr. Sherman on his appointment to chair of the ACCE Professional Practices Committee.

- Izabella Gieras
President, ACCE
president@accenet.org

Paul Sherman has been selected to serve as ACCE Professional Practices Committee Chair.

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

ACCE Certification—What You Need to Know

1) The next CCE exam will be on November 19th, 2005.

2) The written exam will be given in twenty-eight cities around the US.

3) 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.

4) The deadline for having returned a completed application (application, references & transcripts) for the November 2005 exam is September 24th. This is a firm date, so we suggest that you get your application in well in advance of this date (e.g. September 1)

5) The handbook that describes the process and the application which needs to be completed can be found on the website www.accenet.org/certification/ or www.acce-htf.org/certificaton

6) The 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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Three ACCE Members Recognized for Achievements in Medical Technology in Tampa

The AAMI Dwight E. Harkin awards luncheon recognized three ACCE members.

Dr. Dave Harrington who was awarded the AAMI Foundation/ ACCE Robert L. Morris Humanitarian Award for providing global humanitarian aid. "Mr. Harrington has established joint ventures and contracts between companies and medical schools and teaching hospitals. His knowledge in medical instrumentation and technology management allowed him to participate in upgrading intensive care units and operating rooms in Uganda, an emergency room and communication systems in Romania, nurseries in China to name a few noble contributions. His passion and truly dynamic personality touches the hearts of all that work with him," says Izabella Gieras, ACCE President.

Joseph Dyro is a leader in the clinical engineering community and an accomplished author and consultant.

Dr. Joseph Dyro who was awarded the AAMI Clinical/ Biomedical Engineering Achievement Award as an accomplished leader in CE. "His energy, talents and dedication to the field expressed itself magnificently in his recent opus, "Handbook of Clinical Engineering." His serious side is well balanced by his whimsical side. At a dinner of unstressed crab he has been known to break into song, present candy cigars to non-smokers, and provide some of his best cigars to his colleagues from a Roy Rogers lunch box. With Joe, we can look forward to many surprises both professionally and mischievously," says Marv Shepherd.

Mr. Antonio Hernandez who was awarded the first time AAMI/ Institute for Technology and Healthcare Clinical Application Award for enhancing CE practice around the world. "His passion and commitment to improve healthcare conditions and patient care in the Americas ... inspires all that work with him," adds Izabella Gieras.

We congratulate them on these great achievements and the wonderful recognition within the clinical engineering profession!

David Harrington shares his clinical engineering skills and knowledge with countries around the globe.

Antonio Hernandez works tirelessly to improving the health of populations throughout the developing world.

ACCE Advocacy Award Winners Announced

The 2005 Advocacy Awards were presented in Tampa, FL during the ACCE annual membership meeting. The award recipients were:

- Tom O' Dea Advocacy Award: **Joseph F. Dyro, Ph.D., CCE**
- Challenge Award: **Carolyn F. Mahoney, MEBE John Reis**
- DEVTEQ Award**: Bryanne M. Patail, BS, MLS, FACCE**
- Professional Achievement in Management Award: **Emanuel Furst, PhD, CCE**
- Professional Achievement in Technology: **Stephen L. Grimes, FACCE, SHIMSS**
- Lifetime Achievement Award: **George Johnston, MS**
- Best Student Paper Award: **Brandi Spencer**

Congratulations to these dedicated members of the clinical engineering community!

- Kelley Garland
advocacychair@accenet.org

Sixteen Individuals Achieve CCE

The US Board of Examiners for Clinical Engineering Certification (part of the Healthcare Technology Certification Commission, which is sponsored by the ACCE Healthcare Technology Foundation) gave the written exam to 22 candidates this past November. Of this group, 16 took the oral exam in May and passed. The program now has 116 clinical engineers that were recognized as being previously certified in clinical engineering, 3 brave souls who took the first exam last year and passed and 16 new CCEs who just completed the process and were awarded this new certification.

The names of the ACCE members who achieved certification are:

- Michael Fraai - Brigham & Women's, Boston
- Jonathan Gaev - ECRI, Plymouth Meeting
- Jennifer Jackson - Brigham & Women's, Boston
- Jennifer McGill - Canadian Health Technology Assessment, Yellowknife
- Jennifer Ott - St. Louis University Hospital
- Paul Sherman - VA Ctr for Engineering, St. Louis

Other individuals who achieved certification are:

- Marc Bateman - Methodist Hospital, Houston
- Walter Bordett - Syracuse VAMC
- Arif Subhan - Masterplan, Chatsworth, CA
- Lun Au-Yeung - Hong Kong Government Healthcare Services
- Pak Lai - Hong Kong Government Healthcare Services
- Wah Kit Lau - Hong Kong Government Healthcare Services
- Kam-Hung Lee - Hong Kong Government Healthcare Services
- Ngai Tang - Hong Kong Government Healthcare Services

The certification exam will be given twice per year from now on. It will be given on the third Saturday of November and the second Saturday in June. Information can be obtained at www.accenet.org/certification/. You can obtain information about the CCE exam study guide on that web page too.

-Frank Painter,
HTCC Chairman
certificationchair@accenet.org

ACCE Announces New Membership Committee Chair

Gordon McNamee takes on the position as the chair of the ACCE Membership Committee. Mr. McNamee has been an active member of the committee before taking on the chair position. Mr. McNamee is a Manager of Clinical Engineering Services with the Brandon Regional Health Authority in Brandon, Manitoba, Canada.

We would like to thank Mr. Dave Francoeur for his leadership and dedication during his past position as the chair of the Membership Committee.

Mr. McNamee is very enthusiastic on taking the new chair position.

Please join me in congratulating Mr. McNamee on his appointment to chair of the ACCE Membership Committee.

- Izabella Gieras
President, ACCE
president@accenet.org

Gordon McNamee has been selected to serve as ACCE Membership Committee Chair.

ACCE Recognizes Two Outgoing Board Members and Two New Fellows

The Annual ACCE Membership Meeting on May 15th 2005 in Tampa, FL recognized two outgoing ACCE Board Members and welcomed two new Fellow Members.

Mr. Ronald Baumann and Mr. Henry Montenegro were recognized for their support and dedication as the ACCE Vice President and Treasurer respectively on the ACCE Board of Directors. They have both received an engraved plaque. Their contributions to the organization are well appreciated by ACCE Board and Committee Chairs, as well as all ACCE members.

The evening also included recognition of two ACCE Fellows. An ACCE Fellow is a member of unusual distinction in the clinical engineering profession. ACCE conferred the Fellow Membership on Mr. Theodore Cohen and Mr. Wayne Morse. They have both received an engraved plaque. Their professional work and dedication to the clinical engineering profession and to the ACCE organization are well recognized by their peers and are now reflected in their new prestigious status within ACCE.

Congratulations!

ACCE Lifetime Achievement Award

On May 15, 2005 at the ACCE Annual Membership Meeting in Tampa, ACCE, for the second time had the honor to present a very prestigious award, the ACCE Lifetime Achievement Award, recognizing individuals for their life-long accomplishments and contributions to the clinical engineering profession. This year the award was presented to Dr. George Johnston.

Dr Johnston's dedication to the profession is shown with his ongoing humanitarian efforts as he travels the world and helps those less fortunate in supporting their healthcare needs through medical technology, training and other noble efforts. These and many other activities have also led Dr. Johnston be the recipient of the AAMI Foundation/ACCE Robert L. Morris Humanitarian Award in 2003.

The passion for promoting the profession continues to be visible with his work for the ACCE Advocacy Committee, Advanced Clinical Engineering Workshops and other related activities, leaving an aura that many clinical engineers will remember as they further pursue their clinical engineering careers. According to the Award Nomination Documentation, "George got started as an instrument maker more than 55 years ago at Hopkins in Baltimore, before most in this field were even born. After moving to Oregon he became very involved with the clinical side along with continuing with the design and development of various devices and systems. At Oregon, George's biggest challenge was to keep Bob Morris focused and in the country. George, Bob and the late Larry Mills were key players in the development of clinical engineers and spreading the word on what clinical engineers can do in healthcare. George was one of the first clinical engineers to become involved with international work. After his retirement he spent time working at hospitals in China where he shared his knowledge and skills with countless students. One of his more challenging assignments was in Guyana where he had to over –come politics to get a program started. George continues to travel and is just back from East Africa and is looking forward to his next trip out. What makes George special is that he is always willing to help people just coming into the field and those of us who have been in the field for some years. He is a great source of information and is very willing to share his knowledge."

Perspectives from ECRI: Reflections from AAMI 2005

The recent AAMI conference in Tampa was a great meeting for ECRI. It was a wonderful opportunity to connect with many members of the clinical engineering community that we work so hard to support. You may have had the chance to stop by our booth; listen to one of several presentations by ECRI staff; or chat with ECRI representatives in the exhibit halls during the sessions or at various meetings taking place around the conference. I had the pleasure to speak with many of our clinical engineering colleagues throughout the conference and was particularly pleased to hear how much ECRI's information and services are valued and how often they are used on a daily basis to help with many aspects of technology management and patient safety. We also received lots of ideas and suggestions for how to make our information even more useful. Thanks to all of those who provided us with some great feedback.

Presentations from ECRI staff included (1) my discussion of information security for medical technology at the ACCE Clinical Engineering Symposium, (2) my review of ECRI's perspectives on management of clinical alarms at the "town meeting" on clinical alarms and integration, (3) new FDA guidelines and JCAHO safety goals affecting clinical engineering by Mark Bruley and Rich Diefes, (4) clinical engineering and patient safety tools, techniques, and politics by Mark Bruley, and (5) a Web-based system for management of medical device hazards and recalls by Eric Sacks. Feel free to contact me if you missed any of these presentations and you would like with speak with me, Mark, Rich, or Eric about our comments. I can be reached at (610) 825-6000, ext. 5279, or at jkeller@ecri.org.

We also had a chance collect some data related to what is probably the hottest topic for clinical engineering – the convergence of medical devices and information technology. We asked visitors to ECRI's booth to answer a short poll question about who their clinical engineering program reports to. Interestingly of the 85 AAMI attendees that answered our question, 15% stated that their clinical engineering department reported directly to a CIO and/or an information technology department. I don't know who your department reports to, but the 15% are part of a growing number of clinical engineers who see the need for very close collaboration with information technology professionals. Directly reporting to a CIO or an information technology department may not be the best fit for many clinical engineering departments. But, the convergence of medical devices and information technology will continue at a rapid pace.

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

The clinical engineers that seek close collaboration with the information technology world will do well. Those that don't will struggle to be relevant as the years go on.

ECRI will continue to have a strong presence at the AAMI conference. Next year's meeting in Washington DC is a convenient three hour drive from our office in Plymouth Meeting, PA. So, you can expect to see a large contingent from ECRI at next year's show. We look forward to reconnecting with many our clinical engineering colleagues at AAMI 2006.

Jim Keller is Director of ECRI's Health Devices Group and a Member at Large for ACCE's Board. Contact Jim at memberatlarge3@accenet.org.

View From the Penalty Box: Healthcare Gone Mad?

It doesn't seem possible but 2005 is almost half over. This year has brought us some real "head scratchers" so far. We have the government paying for Viagra for convicted sex offenders, we have the government paying for sex change operations for convicts, we have politicians getting caught with their hands in our pockets, "just a paper work problem" is the common response from them. We argue about judges and ambassadors, stem cell research and medical marijuana, the right to die and the right to live. It seems we cannot agree on much.

On May 13, 2005, an advertisement appeared in the editorial pages of the Boston Globe from the Mass Medical society pushing the following points: 1) universal health care has to happen, 2) we must commit ourselves to eliminating the overuse, underuse and misuse of our resources, 3) we need to make healthcare safer, 4) we need electronic medical records, and 5) the public health infrastructure must be supported. I read this as I headed to the plane for Tampa and AAMI.

When I returned on May 20, 2005 another advertisement appeared in the same space in the Globe. This time it was paid for by Blue Cross Blue Shield and Partners HelathCare—the Brigham and Mass General are the big hospitals in that group—saying that healthcare reform is a priority.

In both ads there were numerous mentions of costs and how they are getting out of hand. I am not sure when the light dawned on these groups that cost were getting very high but possibly the light will now shine on the politicians and something can get done. Hey, if Newt and Hillary can agree that healthcare reform is needed, maybe there is hope that something will happen.

If you would like copies of the ads send me an email and I will send them to you.

This brings us to AAMI. It was great to see many of you at the convention and I only regret that I could not talk with all of you because of time restrictions. To me the presentations were a little too focused on the future and not on our present problems. Some of the presentations were excellent until someone asked the question "what are the cost and the ROI". Technology is great but we have to balance cost, safety, and ROI. Resources are scarce and the demand for plush carpets in the administration area overrides many good technology funding requests.

Walking the exhibit hall was interesting. The big push this year was wireless. While this is something we need to think about, the costs are still hard to determine. Most hospitals are not set up for cost effective installations as patient care areas are scattered, physician offices are often off site, and the cable length to wire most hospitals will be in miles. Maybe if we pulled all the old wiring out of our ceilings we could pay for the new "back bone" with the salvage price on the copper. If there was any new technology I missed it, but there were some very nice upgrades to existing equipment, now the question is: will these upgrades be reasonably priced and field-installable? It is getting to the point that not much can be repaired in the field without special software and tools.

As I sat on the balcony of my room and looked over at the Forum where the Stanley Cup resides, somehow 80 degree weather and hockey don't go together in my mind. Maybe next year the cup will come back north.

In closing, congratulations to all the award winners and new ACCE Fellows as they are among the best of the best. If you have a little time send a get well wish to Sir Malcolm the Elder as he had a knee replacement and missed AAMI for the first time in years. Thanks to Al Levenson for all his work co-coordinating the meetings, it was a lot of work and Al did a great job. Also thank you for the award that I received, I feel a little unworthy about it as I still feel that I did nothing that any of you would not have done if those opportunities were available to you. If you have any equipment to donate or want to travel to do a project please let me know and I will put you in touch with various groups that have supported ACCE members over the years.

- Dave Harrington
dharrington@techmed.com

A Clinical Engineer's Visit to Tanzania

My recent consult in Tanzania and the site visit of health care facilities in the rural region of Mtwara was a most different overseas, developing country, biomed, experience. Before, my role was as either as teacher or trainer for medical equipment maintenance/ management (and, when possible, technology management in general). This time, I was part of a review team, put together by an American medical services company.

The health care structure established throughout the country was a three-level tier, starting with *dispensaries* providing what we think of as basic outpatient clinical type services, but including birthing facilities. The next level of care is provided by *health centers* which have up to a maximum of twenty inpatient beds, including three each in the male and female wards to isolate patients with infectious diseases. The top level of care comes from hospitals, which are also tiered to three levels much like our system of primary, secondary and tertiary care. All hospitals have extensive diagnostic, therapeutic and surgical capabilities, maximized at the tertiary level. My role was to visit representative facilities, inventory the existing equipment, determine its condition and quality of maintenance support and determine equipment deficiencies or needs to support intended health care services.

Wednesday, March 30, 2005. Taxi (over very rough country roads) to site to contact Dr. Mnandow for an interview. This regional hospital is a 350 bed hospital with one operating theater having two surgery rooms and approximately 500 medical devices. Three people staff the workshop, one engineer from Italy and two technicians. The workshop operates on a fee-for-service basis and provides service to other facilities in the region.

These Tanzanians were the perfect hosts to the biomed team as they toured the Nanguruwe Health Center.

Dr. Mnandowa's walked me to the workshop (some distance from his office and the hospital), where he introduced me to Mr. Albert Kircher, the Italian engineer serving as the workshop's "Biomedical Technology Engineer, District Health Improvement Program DHIP, Medical Workshop." Mr. Kircher was a very, very, knowledgeable source of information.

Albert is the only engineer in the area and operates the shop on a fee-for-service basis, recovering all operating expenses except salaries. ALL service is provided on a by-request basis, however proposals are out for service contracts to do PPM. As much as 50% of out-of-service equipment has no one requesting repair.

The equipment inventory for Ligula Hospital is 88 devices. The most sophisticated devices are the ESU (electrosurgical unit) and the EMO (an anesthesia machine) in the OR. Nobody currently knows how to operate the ESU; the doc who knew has left. There are no ECG's, EEG's EMG's, E anything. No ventilators, pumps, defibs, monitors. As he said, "If you need REAL health care, you do not go to a government hospital."

His service range extends far beyond basic medical devices; he does the lab equipment, office equipment, even laundry and kitchen equipment, and has developed proposals for servicing the emergency generators. His basic test equipment include a scope, generator, DVM, good tool kit, safety tester, but that's it.

Mr. Kircher does have input at the technology planning level locally; and some independent purchasing authority which often allows for speedy repair; however, downtime and associated lost revenue are not be a concern. Mr. Kircher MANAGES service strategies and shoots for service coming in at 5-6% of acquisition cost.

Thursday, March 31, 2005. Off we go leaving the macadam and taking to the dirt. First stop is the Mbawal Dispensary about ten miles out of Mtwara, but a hundred years back in time. The primary function of this dispensary headed by Gladys Mkwango, is to assist mothers in giving birth (they have a delivery room), treat minor injuries and do vaccinations. This was vaccination day. so there were a lot of mothers with babies there to receive their oral polio vaccination.

All of these services are provided without benefit of electricity, running water or sewage. Refrigeration of the vaccines is done in a gas operated refrigerator box. At night, light comes from and old fashioned kerosene lamp (not even having a mantel). If a problem case develops, an ambulance is called to take the patient to a next higher level facility (at least a 30-minute drive over roads rough enough to induce labor and probably delivery). Ambulances have no medical support elements of any kind. When they are not doing duty as ambulances they serve as taxis.

Next stop: Nanguruwe Health Center. This a 17 bed inpatient facility, 5 beds male, 5 beds female and three beds of isolation for each. There is one birthing bed.

Once again, we have a health facility with no electricity, running water or sewage. There is a lab but without electricity all chemistries must be done the old fashioned way (any of you ever seen a hand cranked centrifuge or a foot operated suction machine. Now I have). When he talked about using

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Report on the Advanced Clinical Engineering Workshop: Kingston, Jamaica, April 11-15, 2005

The 28th Advanced Clinical Engineering Workshop (ACEW) was held in Kingston, Jamaica between April 11th and 15th 2005. This ACEW was a collaboration between the Ministry of Health, Jamaica, the Pan American Health Organization (PAHO), ORBIS, and the American College of Clinical Engineering.

Reflecting the collaborative nature of this workshop, the goals were to:

Build and strengthen the clinical engineering and healthcare technology management capacity in the Caribbean, and raise the understanding of Caribbean healthcare engineers and technicians about eye problems and the technology required to treat them.

The first three days of the workshop were modeled on the established structure for ACEWs, covering topics such as medical equipment maintenance, technology management, safety and risk management, human resources management. Faculty for these sessions were Ismael Cordero (ORBIS), Antonio Hernandez (PAHO), Jennifer McGill (ACCE), Paul Ostrowski (ACCE) and Tony Easty (ACCE – workshop leader).

Days four and five covered an introduction to ophthalmic technology for engineers and technologists. Faculty for these sessions were Rohan Kennedy (Scan Optics, Australia), Ron Questell (Alcon), Professor Srinivasan (Aravind Eye Institute, India) and Ismael Cordero (ORBIS – workshop leader).

There were 37 participants at the workshop, with representation from Jamaica, Antigua, Australia, Barbados, Belize, Dominica, St. Kitts, Guyana and Trinidad. Most of the sessions were lecture style, but participants were given group project assignments based on typical issues in clinical engineering, and made presentations on their work to the whole workshop. Prizes were given for the best presentations, although all presentations were well thought out and enthusiastically delivered.

Everyone enjoyed the excellent facilities and fine food at the Pegasus Hotel, and faculty and participants had many opportunities to mix and exchange ideas and information. Site visits were arranged to local hospitals including the University of the West Indies Hospital, the Fish Clinic, Kingston Public Hospital and the Bustamante Hospital for Children.

Participants were very keen on collaborating with each other on helping to build a strong network of colleagues across the Caribbean, and a series of action items were developed at the conclusion of the workshop, based on the desire to develop an organized approach to clinical and biomedical engineering in the Caribbean, and to use the INFRACARIB listserv to help to facilitate this.

Dr. Barrington Wint, Chief Medical Officer, Jamaican Ministry of Health, addressed the workshop at the closing ceremony, and stated that he will be addressing health technology and clinical engineering issues at the CARICOM Health Authorities meeting.

Participants, Instructors and Organizers of ACEW Jamaica.

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Highlights from the May/June ACCE Board Meeting

The May 15th Board meeting was held "in person" during the AAMI conference in Tampa, Florida. We had an excellent turnout for the meeting, and our enthusiastic reporting, planning and various other discussions lasted well into the night!

Izabella Gieras started the May 2005 Board meeting off with a warm welcome to our newest member, Gordon McNamee. Gordon has accepted the vacant Membership Committee Chair position, and we look forward to his participation with ACCE in this new role!

Izabella also reported that ACCE is considering membership in NAHIT (National Alliance for Health Information Technology) and we will begin to explore ways in which we can best benefit from this relationship.

On the volunteer front, Izabella requested that we pass along the names of anyone interested in volunteering in the tsunami relief effort. She will stay in touch with Dr. Issakov from the WHO and forward updates to the Board and ACCE membership on volunteer opportunities and efforts.

Paul Sherman has agreed to chair the Professional Practices Committee. Izabella made a motion to accept Paul Sherman as the Chair of the Professional Practices Committee. The motion was seconded and passed by unanimous vote. Welcome Paul!

The complete slate of nominations for the 2005/2006 ACCE Board of Directors was presented by Ray Zambuto, on behalf of the Nominations Committee. The slate was presented as follows:

President – Izabella Gieras

President Elect – Steve Grimes

Vice President – Colleen Ward

Secretary – Jennifer Jackson

Member At Large – Ted Cohen

Member At Large – Tony Easty

Member At Large – Paul Sherman

Returning as Treasurer – Joe Skochdopole

Returning as Member at Large – Bill Rice

Returning as Past President – Ray Zambuto

This slate was approved by a unanimous vote by the Board, and was presented at the Annual Membership Meeting on May 15, 2005. Elections will be held in June, with the new Board taking office at the first meeting in August. The August meeting will be a joint meeting of old and new boards.

Colleen Ward reported that Al Levenson, ACCE's Secretariat, has completed the update of the ACCE Member Directory. The directory was posted on the ACCE website at the end of April.

Al has also developed a spreadsheet of members who have not renewed their memberships for 2003/2004. It was suggested, and agreed upon by the Board, that the Board members will make personal contact with these members to encourage their continued participation with ACCE.

Frank Painter reported that we're now giving the Certification Exam twice a year, in November and June. The Board has been working on expanding the exam question bank. We've had about 45 applicants for Certification since we've started the exam.

Frank Painter, reporting for the International Committee, stated that the ACEWs (Advanced Clinical Engineering Workshops) are going very well, and that there are quite a few coming up. There will be one in Ethopia this summer, and one in Cartagena, Columbia in July. In the fall, ACEWs will be held in El Salvador and Buenos Aires.

Gordon McNamee submitted the Membership Committee report with recommendations for the approval of the membership applications, upgrades, and status changes of eleven individuals. The Board voted on and approved each of these membership applications, upgrades, and changes. Congratulations and welcome!

Advanced to ACCE Fellow:

1. Ted Cohen
2. Wayne Morse

Individual Memberships:

1. Francisco Acevedo
2. TiJun Wang
3. Chris Riha
4. Rick Schrenker
5. Melissa Burns

Candidate Memberships:

1. George Maliakal

Emeritus Status:

1. Joseph McClain
2. James Virgulto
3. Alvin Wald

-Colleen Ward
secretary@accenet.org

ACCE's Success in Tampa (cont. from page 1)

new Fellow members, presentation of the ACCE Lifetime Achievement Award, Advocacy Awards, Student Paper Award, ACCE Board nominations, review of the International, IHE, Newsletter and Certification activities, ACCE Healthcare Technology Foundation and its exhilarating projects as well as other exciting developments within our organization. Please see the June edition of the 24x7 magazine, which featured the ACCE Membership Meeting and the presentation of the Robert L. Morris Award.

The visibility of ACCE and Clinical Engineering is also increasing on the international front. We continue our dialogue with WHO and PAHO on the Tsunami related efforts previously outlined in the ACCE News. In addition, ACCE was recently invited by the Past President of the Italian Association of Clinical Engineers (Associazione Italiana Ingegneri Clinici, AIIC) to speak at the Health Technology Assessment International (HTAi) conference in Rome on the relationship between Clinical Engineering and Health Technology Assessment based on the U.S. perspective.

Many of you are involved in so many diverse and exciting clinical engineering initiatives and what better way than to share them with your colleagues in the ACCE News. Please feel free to contact ACCE News co-editors with your ideas.

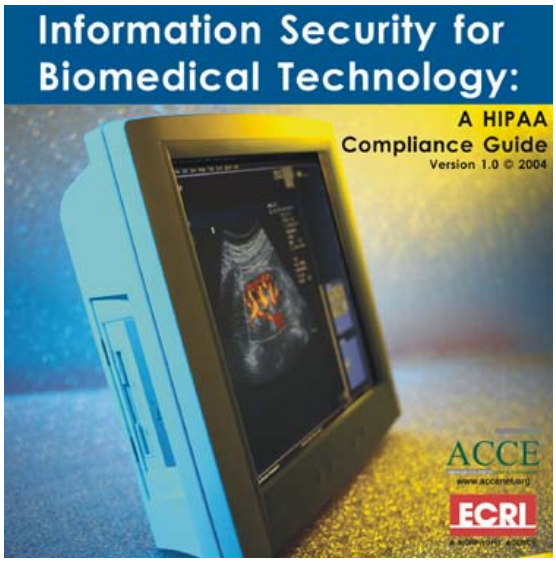
It has and continues to be a pleasure serving you as the President of ACCE. I fully enjoy working with all of you. I encourage you to send your comments, questions and suggestions to Al Levenson, ACCE Secretariat at secretariat@accenet.org. You are always welcome to contact me directly at igieras@beaumontservices.com. Your insights are valuable in enhancing ACCE as an organization.

I would also like to take a moment and thank my fellow Board and Committee members whose strength and support has been immeasurable during the past ten months.

- Izabella Gieras
president@accenet.org

ACCE and ECRI publish new HIPAA CD-ROM
$200 discount for ACCE members!

Information Security for Biomedical Technology: A HIPAA Compliance Guide is a must-have tool for any healthcare facility's data security program. The CD-ROM emphasizes best practices and contains an extensive overview of the HIPAA Security Rule, reviews necessary compliance measures for medical technology, and provides recommendations for implementing the rules with specific medical technology-related examples.



"The HIPAA Compliance Guide will help healthcare organizations identify and address information security issues," says James P. Keller, M.S., director of ECRI's Health Devices Group. "It includes valuable tools and resources, including downloadable forms, customizable worksheets, checklists for inventorying and analyzing risks, tools for setting priorities and implementing a mitigation plan, and much more."

"Time is running out for organizations to comply with the security requirements of HIPAA," says Stephen L. Grimes, FACCE, chair of the ACCE HIPAA Task Force. "This guide can help organizations save precious time and money because a majority of the hard work has already been done and is included in the CD-ROM."

To order, call ECRI at +1 (610) 825-6000, ext. 5891, or visit www.ecri.org or www.accenet.org for more information.

A Clinical Engineer's Visit to Tanzania (cont. from page 8)

solar power for microscopes I thought he meant focusing sunlight on a mirror to illuminate the slide. Later I found he wanted a solar electric generator to power the illuminator.

Like the dispensary there is a gas powered refrigerator box for vaccines (the extent of high technology here). Diagnosis is pretty much limited to visual signs, blood and urine chemistry, blood pressure and what you can pick up with a stethoscope. They have a morgue, but without refrigeration it is expected that the relatives pick up the body within 30 minutes!

Friday, April 1, 2005. At the Likombe Urban Dispensary, I was introduced to Gloria B. Minja who was in charge of this dispensary. Ms. Minja is assisted by four public health counselors and fifteen nurses. This facility provides labor and delivery services, vaccinations, counseling on health and family planning issues and treats minor illnesses to a population of about 20,000 people. This facility has electricity, city water supplemented by rainwater, but does experience power outages sometimes lasting for hours but has no generator. Consequently, it too has a gas powered refrigerator for its vaccines. The lack of a generator does produce problems when the autoclave and other sterilizers are down.

From the Likombe Dispensary we went to Ufukoni Dispensary run by Ms. Bartlet Bakari, assistant clinical staff person. This is a much smaller dispensary in what might be considered the suburbs. It is without electricity; water is city water stored in a tank; grey water from sinks is dispatched to the field and toilets are pit toilets. The building is wired for electricity in anticipation of someday receiving it. This facility is providing the usual counseling for expectant mothers, family planning advice, vaccinations and treatment of minor illnesses for a population of around 12,000.

A rural dispensary that serves the local population.

Leaving here we went to the Ligula Hospital. We started at what we would call Labor and Delivery. Not much there besides a suction machine and a lamp with a BIG base. Housed in the base is a battery to cope with power outages. Occasionally, I would see stretchers (real old time 2 man stretchers, a piece of canvas STRETCHED between two poles – like WW1 days). Poking into the female wards next to the delivery area I observed ten bed wards complete with a mosquito net draped over each bed. Malaria is endemic here and listed as the top disease in each facility I visited. From the female ward we followed a covered outdoor walkway to surgery. In the tropics, most building connections are by outdoor covered walkways and patient transport over the same. About halfway to surgery, I observed smoke behind the surgery building and was told that was the incinerator. I did not get close enough to view it, but my impressions from the smoke pattern was an open pit burning area.

The surgery visit was most interesting. I only had to change my shoes to enter. We passed through CSR, which consisted of one autoclave (looked like an oversize pressure cooker with a hinged lid) fed with purified? water (filtration system mounted on wall), into the major surgery. A patient was on the table, eyes open. At first I thought he was looking at me, but he was already out and was connected to an IV bag on a pole presumably keeping him out. I never saw him blink and wondered about his eyes drying out! Beside the table was an ESU (size of a rolling mechanic's chest). That was it! On the far side of the room was a window air conditioner. This was the major theatre.

I was then directed to the next room, the minor theatre, where a surgery was taking place. I could see no anesthesia machine (never did see one anywhere, although one is on the hospital inventory) but there was a portable surgical light. That seemed to be the extent of technology there. No means of vital signs monitoring. I could not identify anyone checking BP, pulse or respiration. As I started to leave the doc asked me back. He insisted I enter and join him at the table (without scrubs and violating the sterile field). He wanted to know what I was doing. When I told him, he said the docs should be the ones to determine what equipment was to be available. I fully agreed!

On to x-ray! I was first shown a new Philips system; analog/digital, vertical/horizontal and in an adjacent room an older x-ray. Then to another room with an ultrasound imager, also Philips I believe. I had heard that the Ministry had made a mass purchase of x-ray and ultrasound machines to equip each hospital (levels 1,2 and 3) in the government system. The value of digital? Maybe part of future planning. Fortunately, at this hospital there were trained operators for both but no indication of digital usefulness.

Next I was taken to the building housing the emergency generators and the morgue. The morgue contained a large walk-in refrigerator with space for six bodies, three on each side. Refrigeration was only turned on when needed. Fortunately at the time of my visit it was not needed!

At this point the heat, humidity and dehydration were getting to me and I ended the tour and returned to the hotel to begin writing up my observations.

- George I. Johnston

Report on the Advanced Clinical Engineering Workshop: Kingston, Jamaica, April 11-15, 2005 (cont. from page 9)

Wonderful support was provided by the staff of PAHO/WHO Jamaica and ORBIS INTERNATIONAL, who worked non-stop to make sure that everything went smoothly at all times. Dr. Joan McLeod-Omawale of ORBIS has seemingly limitless energy and enthusiasm, and she managed to help keep us all on track.

On the first night of the workshop, a welcoming cocktail reception was held, enabling participants and faculty to meet and mingle with representatives from the Jamaican Ministry of Health, and from the Bustamante Hospital for Children, Kingston Public Hospital, and University Hospital.

A very pleasant trip to nearby Port Royal was organized for the faculty one evening by Dr. Ernest Pate, PAHO/WHO representative in Jamaica, and Ms. Marion Pottinger, PAHO/WHO administrative officer in Jamaica. We were treated to a fine local seafood supper, and lots of excellent Jamaican rum.

Some of the participants also took the faculty on an evening trip round Kingston. This was a great opportunity to see some of the local area, and we went to an excellent music store, drank Red Stripe beer and ate the famous Jamaican jerk chicken.

The workshop was a great experience for everyone who took part, and we hope that it will help to enhance the importance of developing clinical engineering expertise in the Caribbean and Central America.

- Tony Easty

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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:

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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 **November 2005** exam. 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

Calendar of Events

- June 20-22, 2005
HTAi Annual Meeting
Rome, Italy

-July 11-13, 2005
ASHE Annual Meeting
Anaheim, CA

- October 2-4, 2005
Northeastern Biomedical Symposium
Southbridge, MA

- October 19-21, 2005
MD Expo
Stone Mountain, GA

- November 20-25, 2005
3rd European Medical & Biological Engineering Conference
Prague, Czech Republic.

Teleconference Schedule

- July 21: Cell Phone Developments (Craig Bakuzonis)

- August 18: Computer Security (Colleen Ward and Rob Cadick)

- September 15: CCE Exam Preparation 1.5 hour session (Tobey Clark)

- October 20: JCAHO Changes (Ode Keil)

- November 17: RFID Developments (Michael Fraai)

Teleconference programs are at noon, Eastern time, and one hour in length unless otherwise noted.

$150 per session

Contact Joe Skochdopole at jaskochd@trimedx.com or register online at www.accenet.org.

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