

# ACCE News

Newsletter of the American College of Clinical  
Engineering

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May/June 2007

## Preview: AAMI 2007, Boston, MA

It's that time of year again – time for clinical engineers, BMETs, asset and technology managers, and medical device companies to gather in Boston, MA for AAMI 2007. June 16-18 will be packed with informative sessions, exposition enlightenment, and networking opportunities.

ACCE is sponsoring a half-day symposium on Medical Device Integration Projects on Saturday from 8 am to 12 noon. In this time of ever increasing interconnectivity, the symposium will provide two detailed case studies involving integration of EMRs, monitors, patient and alarm tracking, and other medical devices and systems. Don't miss this opportunity to hear hands-on experience and lessons learned that can be applied to ongoing or planned projects.

Other ACCE members will be in action on Saturday for *Public Access Defibrillation Program in a Hospital Setting: A Case Study in Development and Implementation* (1:45-3:00pm) and *How to Avoid Anesthesia Machine Incidents and Failures* (1:45-3:00pm). Other Saturday Highlights include *Let's Be*

*Clear: Evaluating and Implementing Benchmarks and Standard Terminology for Your Department and the Field.*

Sunday will include the popular session *Golden Nuggets 2007: Best Practices from Biomedical Departments Around the Country* (1:00-2:15 pm). This interactive session highlights innovative solutions to the problems faced by Clinical Engineers. Sunday will also include IT and emerging technology sessions on: *Asset Management: A Discussion of RFID and Wireless Tracking Methods* (10:00-11:15am), *The Role of Clinical Engineering in the Next Generation of Information Systems* (1:00-2:15pm), and *Opportunities: Meeting the Challenges of Integrating the Healthcare Enterprise* (2:30-3:45pm). Also on Sunday, *The Technical Iconoclast Roundtable* will be held from 2:30-3:45pm. Hear non-typical positions on common issues, and have lots of fun in the process! Finally,

don't miss the ACCE Annual Reception and Membership Meeting Sunday night from 7-10pm in Ballroom A-C of the Boston Marriot Copley Place.

The conference will close out on Monday with additional sessions including: *Active RFID and Wi-Fi: Integrating Locations Technology into Standard Networks* (9:45-11:00am), *Integrating Medical Devices into the IT Infrastructure: Pitfalls and Opportunities* (9:45-11am), *Enhanced Patient Safety through an Integrated Real Time Alarm Management Platform System* (2:30-3:45pm), and *Clinical Engineering's Role in Improving Patient Safety* (4:00-5:15pm).

Educational programs are just part of the experience. The Expo and Onsite Career Center will be open each day. And, of course, this is a yearly opportunity to meet up with old friends and make new connections.

### Inside this issue:

AAMI Preview	1
ACCE Board Report	2
HTM & CE South Africa	3
IHE Update	4
Penalty Box	5
Perspectives from ECRI	6
Bruley Receives Award	6
ACCE Foundation Update	7
CCE Review Course on CD	7
2007-08 Telecon Schedule	9
Calendar	10



**REMINDER:** If you haven't taken the opportunity to renew your ACCE membership for 2007, PLEASE do it now. You may renew online by logging in under the Members Area tab on the ACCE website [www.accenet.org](http://www.accenet.org). If you have forgotten your login and password, please contact Al Levenson [secretariat@accenet.org](mailto:secretariat@accenet.org). If you have any questions about your dues requirements, please contact Al.

# Board Meeting, April 2007

The ACCE Board Meeting took place on April 19, 2007. The Board approved the motion from Jennifer McGill, Chair of the Membership Committee, to approve eight applications for membership. The Board also approved a revision of the By-Laws which clarified the responsibilities of some Board functions and Committees and also changed the requirement of the schedule of annual meetings to allow greater flexibility in scheduling. The amended By-Laws will be forwarded to the full Membership shortly for review and voting.

The Board also endorsed ACCE participation in the Leadership Roundtable on June 14, 2007 sponsored by ECRI Institute. There is no cost to ACCE and the results of the discussion will be available to ACCE. Steve Grimes, ACCE President, will represent ACCE at this Roundtable discussion.

Jennifer Jackson presented the brochure for the new Teleconference Series which was approved, including a new discount structure for those who purchase the entire series and wish to apply for ACCE Membership.

Izabella Gieras presented the slate of proposed new Board Members from the Nominating Committee. Additional Nominees/Volunteers will be solicited from the Membership and voting will take place as specified by the By-laws in July 2007.

Barbara Maguire confirmed that the ACCE Board meeting will take place on Saturday June 16 (location TBD) and the Annual Membership Meeting will take place on Sunday June 17 7-10pm at the Marriot Copley Ballroom.

Barbara Maguire, ACCE Secretary  
[bmaguire@amedlink.com](mailto:bmaguire@amedlink.com)

## ACCE Mission

1. To establish a standard of competence and to promote excellence in Clinical Engineering Practice
2. To promote safe and effective application of Science and Technology to patient care
3. To define the body of knowledge on which the profession is based
4. To represent the professional interests of Clinical Engineers

## CCE Certification: New Applicants and Renewals

1. The next CCE exam will be given on November 3, 2007 in 28 cities around the US. The deadline for applications is September 1, 2007. Please see the website: <http://www.acce-htf.org/certification> to view the handbook and application for this exam.
2. Any certified clinical engineer that is currently listed with the ACCE Healthcare Technology Foundation's Healthcare Technology Certification Commission and whose listing expires on June 30, 2007 has until June 1, 2007 to complete and turn in their completed renewal form. The CCE renewal Handbook and Renewal Application Form can be downloaded from the CE certification website: <http://www.acce-htf.org/certification>. The renewal fee can be paid by check or by credit card on the ACCE HTF website.
3. In 2007 the mix of questions on the CCE exam will change slightly as the exam content adjusts to track the changing clinical engineering body of knowledge. This past summer ACCE released the results of a recently conducted "Body of Knowledge Survey". The US Board of Examiners for Clinical Engineering, chaired by Patrick Lynch, are making the adjustments in the mix of questions. The changes will be published in the 2007 CCE Handbook which is available on the ACCE-HTF website.
4. Any questions can be directed to Cheryl Shaw, the certification program's new secretariat, at [certification@acce-htf.org](mailto:certification@acce-htf.org).

## ACCE News

*ACCE News* is official newsletter of the American College of Clinical Engineering (ACCE). *ACCE News* is a benefit of ACCE membership; nonmembers may subscribe for \$60.

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# Healthcare Technology Management and Clinical Engineering Workshop—South Africa

The second Healthcare Technology Management (HTM) and Clinical Engineering (CE) Workshop in South Africa was held May 11-13, 2006. The event was located in Cape Town and hosted by the University of Cape Town.

The faculty included James Wear, Ph.D., Scientific Enterprises (formerly of the VA); Mladen Poluta, Director, Healthcare Technology Management Programme, University of Cape Town; Andrei Issakov, MD, MPH, Ph.D., Coordinator, Health Technology and Facilities Planning, World Health Organization; Peter Heimann, Scientist, World Health Organization; and Tobey Clark, Director, ITS and Faculty, BME, University of Vermont. Invited presenters included:

- Andy Cunninghame, Chief Director: Professional & Support Services, Western Cape Provincial Health Department in South Africa.
- Steve Drinkrow, President, International Federation of Healthcare Engineering (IFHE)
- Azman Hamid, Deputy General Manager, Healthtronics, Malaysia
- Philip Anyango, Technology Services, Ministry of Health, Kenya
- Gebru Ayehubzu, Director - NSEC, Ethiopia
- Vincent Ngaleu, Director - HCT, Ministry of Health, Cameroon



Peter Heimann and Andrei Issakov of WHO at the IFHE dinner banquet.

Andrei Issakov opened up the workshop in the main auditorium in the Cape Town International Conference Center (CTICC). Steve Drinkrow followed wishing all well after a successful IFHE annual conference during the previous days. The opening country address was made by Andy Cunninghame with a discussion of technology services in the Western Cape Province. Mladen Poluta followed with a country perspective regarding South Africa healthcare technology management progress. Tobey Clark discussed the goals of the workshop, the schedule, and introduced the faculty.

James Wear presented the group with an overview of the participant's case study assignments and protocol. Case studies are now a key part of the WHO and PAHO workshops. The case study assignment was:

1. Define your example clearly looking at key areas of technology management
2. Collect the required information e.g. factors, issues, data
3. Analyze the problem using techniques from the workshop
4. Develop solutions – determine best course of action
5. Present in a clear, concise and engaging fashion

The groups were free to choose a topic of their choice in the areas of regulations/policy, technology planning, safety, and technical services. The topics selected included 1) improvements in the value of HCT engineering in South Africa, 2) point/counterpoint: insource or outsource, and 3) how to determine staffing and other aspects of departmental need.



Jim Wear and Azman Hamid (standing) facilitate one of the discussion groups in developing their presentation.

The program moved to the UCT Sports Science Institute in Newlands on the second day. Azman Hamid of Healthtronics in Malaysia led off discussing the Malaysian model where all healthcare technology support services are outsourced by the national government. Peter Heimann went into detail on EHTP – a tool to assist with health system planning of resource requirements. Other more standard workshop topics followed.

On the last day, presentations were made by representatives from developing countries in Africa on their HCT projects. This included Philip Anyango (Kenya), Gebru Ayehubzu (Ethiopia), Vincent Ngaleu (Cameroon), and Mladen discussing Enrico Nunziati's work in Mozambique. The conditions in these countries are clearly different than many parts of South Africa and certainly developed countries such as the US. Excellent case study presentations followed and the winner, as determined by faculty conference and voting, was the presentation on *Point/Counterpoint: Insource or Outsource*.

Closing ceremonies followed. The participants were encouraged to take the healthcare technology management concepts, practices, techniques and justifications, along with their own ideas, and implement posi-

*(Continued on page 8)*

# Update: Integrating the Healthcare Enterprise

The Patient Care Devices Domain of the IHE (Integrating the Healthcare Enterprise) participated in its first Connectathon and Interoperability Showcase in January and February of this year. Six vendors participated and exchanged data between production level equipment systems as part of a broader simulated scenario that included patient admission, transfer to the ICU, emergency resuscitation, and eventual cardiac surgery.

Throughout the week, the data exchange was flawless, as information followed the patient throughout the episode. The PCD section, which featured the first display of clinical devices in a Showcase, received much attention by attendees, VIPs, and the press. As a follow on, the PCD Vendors (B. Braun, Drager Medical, GE Healthcare, Live Data, Philips Medical, and Welch Allyn) have been invited to participate in a similar showcase at the World of

Health IT meetings in Vienna, Austria, later this year.

Already, however, plans are under way for next year's activities. Three areas of concentration have been laid out and "Profiles" for 2008 have been selected for development.

The 2007 Device to Enterprise Communication profile will be extended to allow querying of the HL7 data stream available from devices. This important advance allows devices on the receiving end of the data, Device Observation Consumers in HL7-jargon, to filter the data being published by the Data Observation Reporters. This will allow, for example, an Electronic Medical Records system (EMR) to select the frequency over which it will accept vital signs information, or which information it wants to receive from which patients. At the same time, a Clinical Information System (CIS) might want to receive data from different patients or the same patients,



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

but different data or time intervals. This effort is being led by Paul Schluter of GE Healthcare.

Patient Identification Binding (PIB) will allow semi-automated identification of the data streams to the patient. The need for this is readily recognized, however the implementation was not straightforward prior to the IHE. In implementing this profile, existing IHE methodologies for patient administration and patient demographics based queries will be adopted. This profile will require a caregiver to confirm the binding. Ray Zambuto of Technology in Medicine is the editor for this profile.

The third profile planned for this year is in the area of Plug and Play Medical Devices (PNP-MD). Plug-and-play interoperability will enable the clinician to simply "connect" a device into a point-of-care communication network or data acquisition system, which then automatically discovers the device,

*(Continued on page 8)*



Patient Care Devices (PCD) demonstration pod at the Interoperability Showcase

# *View from the Penalty Box: Doing What We Should*

First of all, thank you all for your well wishes during my recent “down time.” I am slowly getting back to normal, but it is taking a lot longer that I had hoped for. But, my time in the hospital has been a learning experience that has pushed me to see equipment problems from a different point of view.

In all the years that I have been in this business, I do not ever remember any design review or purchasing decision where patient comfort entered into any decision. It has always been about function, convenience for the user, data, and costs. It is like we design and purchase items with no concern for the person to whom that device/service is to be applied. I am as guilty as they come on this, not looking at the patient – but now, as the old saying goes, “I’ve seen the light.” Unfortunately, the light was alarms in the middle of the night that wake up everyone on the floor, uncomfortable beds, beeping IV pumps, and all the other distractions of a hospital. If you need rest, a hospital is not a good place to get it.

In early May, Boston hosted a convention for the scientists researching and manufacturing designer drugs and designer bugs. This convention had about 20,000 attendees and enough protesters to get news coverage. The protesters were there for: animal rights, too much profit in drugs, too long of a time to develop a drug, both sides of stem cell research and both sides of research labs in cities. What came out of the convention was that there are some 30,000 known diseases and human conditions but less than 10,000 cures or treatments. When I read those numbers I thought about a quote from Winston Churchill that appeared in something else I

read recently. The quote read: “the only statistics that you can trust are those that you just made up.” Even if the numbers are close to correct, we have a lot of work in front of us, which is great for us as a profession but not so good for us as humans.

What I am trying to get across is that we have a lot of work to do, ranging from basic research to the final application of the technology, be it as a device, procedure, pill or whatever else we discover to help bring better lives to all.

Moving on to the cost of health-care, which is a universal problem, we need to bring the right level of technology to the situation and not go for all the bells and whistles whose only purpose is to increase the cost of the device. To illustrate this, look at your ICU and compare the capability of the equipment to what is being used for each patient. We probably consistently use less than 25% of what the equipment can provide. Does this mean that we over-purchased, the device was over-designed or a combination of those plus other factors? Answer: yes.

With all the computer capability that we have available to us, we should be able to design and configure devices for specific needs not one size fits all. We put people on the moon and got them back with less computer power than is in many of the devices that we manage. We need to better use that power for the betterment of all patients. We can control and reduce costs with the better use of technology, but we have to be able to present the facts and action plans to people that make the decisions with clarity and conviction. We need to forget the words “we could” and use the words

“we should” when preparing equipment replacement plans. If the equipment is old enough to replace, don’t simply move it to another area of the hospital because the problems will still be present. Send this old equipment to the dumpster, sell it or donate it, but get it out of the hospital.

Hopefully, we will see each other in Boston at the AAMI meeting. If you need suggestions on restaurants in the area, there are some reasonably priced ones and some that require a second mortgage. I will be happy to share the local knowledge with you. The Boston Pops will be playing Friday to Sunday at Symphony Hall, about three blocks from the convention location. The Red Sox are in town, about eight blocks away, playing San Francisco Friday to Sunday and Atlanta on Monday. Tickets will be expensive for those games. Unfortunately, the Bruins never made the playoffs this year so no hockey.

Stay healthy, active and involved as that is the best way to live.

*Dave Harrington*

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# Perspectives from ECRI Institute: A New Name Change

In you think the title of this article looks like a mistake, it is not. ECRI has gone through a new name change. We are now called ECRI Institute (Pronounced ek-ree). And we have a new logo, incorporating a tagline that reflects our core principles: “The Discipline of Science. The Integrity of Independence.” Early last year, we began a self-examination process whose goal was to allow us to better define who we are and how we could better help our members improve patient care. The new name and tagline that resulted are a distillation of the values and goals that have sustained our mission for almost 40 years.

By pronouncing our name as ek-ree, we’ve moved further away from our original, more narrowly focused name: the Emergency Care Research Institute. We long ago stopped using the full name, as the scope of our activities grew far beyond emergency medicine topics. But for many years we continued to pronounce the initials. Now, while we still honor our past and retain the name recognition associated with “ECRI,” we’ve taken another step into a more ambitious future.

By making “Institute” a formal part of our new name, we’re emphasizing the key fact that we are an institute of research. Our mission is to explore, to discover, to learn—and to pass that learning on to our member institutions. As for our tagline, we believe that it is “the discipline of science and the integrity of independence” that set us apart from other organizations. Science is the foundation of everything we do. We deal in facts. We don’t guess, we don’t speculate, we don’t invent. We find out. We test medical devices according to meticulously developed protocols. We visit hospitals. We talk with medical device manufacturers. We

solicit input from clinical experts and our clinical engineering colleagues. We get the hard information that lets us cut through the hype of marketing campaigns.

And our fierce independence allows our members to trust that our judgments are our judgments. We accept no outside advertising in our publications. We have the most strictly enforced conflict-of-interest rules in the field of healthcare research. Those will never change. Our longstanding role as an objective and impartial evaluator demands it.

We’ve also redesigned our Web site, have incorporated a new look for our publications, and are in the process of upgrading the member sections of our member Web pages. Our Web site is still [www.ecri.org](http://www.ecri.org). Please take a look and let me know what you think. You can contact me at



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

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**ECRI**Institute  
The Discipline of Science. The Integrity of Independence.

## Bruley Receives Benjamin Franklin Key Award

Mark Bruley, ACCE Member and ECRI Institute Vice President of Accident and Forensic Investigation, was recently recognized by the Philadelphia Section of the Institute of Electrical and Electronics Engineers with the Benjamin Franklin Key Award. The award recognizes an electrical engineer for outstanding technical innovation and technical contributions that had significant practical applications.

Mr. Bruley was recognized “for his outstanding work and lifelong contributions to the field of health technology, accident, and forensic investigations.” “I feel quite honored by the IEEE award and am pleased to be a representative of our clinical and biomedical engineering community within the broader realm of electrical

and electronics engineers,” Bruley said when asked about receiving the accolade.

Congratulations!!



Mark Bruley, recipient of the 2007 Benjamin Franklin Key Award

# ACCE Healthcare Technology Foundation Update

Alarms Project Presented at NPSE: A poster presenting the results of the Foundation's White Paper on Clinical Alarms was presented at the National Patient Safety Foundation's annual patient safety conference in Washington DC on May 3-4, 2007. The poster was staffed by Tobey Clark and Yadin David who reported great interest in the work, and many useful discussions. The poster abstract, and the poster itself, can be seen at [www.acce-htf.org/clinical.asp](http://www.acce-htf.org/clinical.asp). Also posted there is a slide set reviewing the alarms projects, and the recent Journal of Clinical Engineering publication. The slide set can be used for your own review or for presentation purposes as part of the Foundation's Call to Action.

Clinical Engineering Excellence Award: The Clinical Engineering Excellence Award program, focusing on institutional leadership by clinical engineering personnel, will be officially launched at the ACCE Annual Meeting in Boston. Details will also be posted at [www.acce-htf.org](http://www.acce-htf.org). The Foundation looks forward to reviewing applications and recognizing those who represent the best in clinical engineering based institutional leadership.

Marvin Shepherd Patient Safety Award: This year's Marvin Shepherd award will be presented at the ACCE's Annual Meeting in Boston.

This award is a joint activity of the Foundation and ACCE, with the ACCE Advocacy Committee recommending a candidate and the final selection and award funding provided by the Foundation.

Donations: As always, donations to the Foundation are welcome at any time, and they are tax deductible. Your donations are used to fund profession-

ally relevant activities such as those described above. Join your friends and colleagues in supporting this aspect of your professional life.

William Hyman, ScD, PE

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## Audio CCE Review Course

ACCE is offering the CCE Review Course on CDs. This review was taped live at a recent five-session, 8-hour CCE Review Course. The review course was presented by a faculty of clinical engineers who have broad experience working in hospitals, independent service organizations, consulting, government, and industry. Major topics of the CCE examination are reviewed by a subject specialist.

The Audio Course includes:

- 8-Hour Review on Audio CDs (including Q&A from the audience)
- Power Point Presentations
- Reference Material for the examination
- Sample Questions

The topics covered in the course are:

1. Introduction to the CCE Exam
2. Management
  - 2.1 Overall CE Program Management
  - 2.2 Financial & Service Contract Management
  - 2.3 Technical Supervision
  - 2.4 CMMS
3. Technology Assessment

- 3.1 Product/Vendor Selection
- 3.2 Capital Planning
- 3.3 Clinical Trials Management
- 3.4 Building Plan Review
- 3.5 Building Design
- 3.6 Human Factors
4. Regulatory/QA Issues
5. Risk Management/Safety
6. Education
7. Product Development
8. Repair/Systems Thinking
9. Miscellaneous Clinical Engineering topics

The Audio Course is available for \$300 (ACCE members) and \$345\* (nonmembers). For more information or to purchase please contact Alan Levenson at [secretariat@accenet.org](mailto:secretariat@accenet.org)

\*Special ACCE Membership Offer - Purchase the audio course and receive ACCE Membership at 25% discount. You need to qualify for ACCE membership and complete the application form. See the membership section at



A non-profit organization advancing healthcare through technology.

<http://www.acce-htf.org/>

# HTM & CE Workshop South Africa, cont.

(Continued from page 3)

tive change. Specifically:

- Communicate with each other, their organizations and healthcare, academic and government leaders the value of healthcare technology management.
- Develop a network between participants and others involved in healthcare technology management by forming a clinical engineering society
- Utilize the resources of the unique and successful UCT healthcare technology management program and other resources in South Africa
- Continue to work with WHO to improve HCT in Africa
- Develop the concepts and principles from the workshop to implement healthcare technology management in Africa by gaining approval, funding and acceptance from healthcare or-

ganizations and government

- Implement a system of regulations and standards to provide safe and effective medical devices to healthcare in Africa

## Cape Town Perspectives

The University of Cape Town's Healthcare Technology Management graduate program is perhaps unique world wide. Mladen Poluta leads the UCT program which includes a diploma program in healthcare technology management in addition to graduate study. The HTM course of study is part of the biomedical engineering program located in the department of human biology.

A collaborative program between UCT and Northwestern University's McCormack School of Engineering is another notable aspect of Mladen's work. A large contingent of biomedical engineering students spend a semester in Cape Town with the express mission to



The cardiopulmonary bypass machine used in the first heart transplant case – quite different than today's machine!

use their BME skill on projects directed toward solving health problems in Africa. Matt Glucksberg, Director of BME, was in Cape Town during the HCT workshop as were the students – many who were in attendance.

Cape Town is also the home of the world's first heart transplant performed by Dr. Christian Barnard in 1967. At Groote Schuur Hospital, a museum preserves the event's history including news documentation, videos, and a preservation of the original post-surgery and surgical suites, including medical devices.

Lastly, southern Africa is a distinctive vacation site. After the workshop, Jim Wear and his wife traveled to Victoria Falls and to Chobe National Park in Botswana while Tobey and his better half visited Kruger National Park.

*Tobey Clark*

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## IHE Update, cont.

(Continued from page 4)

performs any needed negotiation and interface configuration, and retrieves or exchanges information, either continuously or episodically. This profile will be developed in stages, with the initial year's work concentrating on the sending of information from the device to a system or the enterprise. Future extension of this profile will allow for devices to be queried and to interact with other devices. Todd Cooper chairs the subgroups developing this profile.

The PCD is also updating its 5

year plan or "Roadmap" during face to face meetings in May and June. A presentation summarizing the work to date, the future plans, and its impact on clinical engineering will be given at the AAMI Meeting in Boston. Dr. Emanuel (Manny) Furst of Improvement Technologies is the session chair and he will be joined in a rapid fire session by Didi Davis of HIMSS, ACCE President, Steve Grimes of Technology in Medicine, Chris Riha of Carilion Healthcare, and Ray Zambuto.

*Ray Zambuto*

[rzambuto@techmed.com](mailto:rzambuto@techmed.com)

# 2007-2008 Educational Teleconference Program

06/21/2007

## Isolated Power Systems: A Solution in Search of a Problem?

*Matthew F. Baretich, PE, PhD, CCE  
President, Baretich Engineering*

Healthcare facilities continue to install isolated power systems. Do they provide benefits that justify their substantial cost?

7/19/2007

## Why many companies are adding a Chief Customer Officer?

*Malcolm G. Ridgway, PhD, CCE  
Chief Clinical Technology Officer, Masterplan*

There is no question that excellent customer service is an important differentiator, and these days everyone needs a good service differentiator. But talking about it and having it are two different things. The presentation will offer a few simple but effective take-aways.

8/16/2007

## Understanding the Four Joint Commission Vulnerabilities for Medical Equipment

*Gary D. Slack, PE, CCE  
President, Healthcare Engineering Consultants*

Vulnerability #1: The Survey Planning Session – Medical equipment documents that will be reviewed on the morning of the first survey day and how to ensure that you're ready!

Vulnerability #2: The Facility Tour – What the survey team members will look for with regard to medical equipment while touring the hospital.

Vulnerability #3: The EC Interview – Documentation that must be available and questions that biomedical staff will be asked during the interview session.

Vulnerability #4: The EC Tracers – Likely questions that will be asked of the clinical staff with regard to medical equipment and how to prepare device "users" for the biomedical tracers.

9/20/2007

## Using Data to Determine Maintenance Planning

*Jim Caporali, BS, AS, CRES*

*Vice President, Sodexho Clinical Technology Management*

This teleconference will address the basic requirements for implementation of Reliability Centered Maintenance (RCM) program as it applies to medical equipment. Structure, implementation, and functionality of an RCM program will be reviewed and discussed.

10/18/2007

## Emerging Trends and Technology in Healthcare

*John T. Collins, MSEE*

*Director, Engineering and Compliance, ASHE*

This session will describe the latest trends in healthcare influenced by technology affecting such diverse areas as the cardiac catheterization lab, neurosurgery, and radiology and plant operations.

11/15/2007

## Medical Device Security & HIPAA

*Stephen L. Grimes, FACCE, FHIMSS*

*Principal Consultant, Strategic Health Care Technology Associates*

This presentation will: Review the developments in medical device security since HIPAA's Security Rule became effective in April 2005, provide updated information on tools and resources available to address medical device security, address industry's current *best practices*, describe how security now relates to and needs to be seen in context with the larger issue of medical and information technology convergence.

12/20/2007

## Evaluating Medical Equipment Battery Failures Using Failure Mode and Effects Analysis (FMEA)

*Arif Subhan, MS, CCE*

*Senior Clinical Engineer, Masterplan*  
FMEA, which has been embraced by the Joint Commission, is an effective tool that prevents failures before harm is done. The presentation will provide some simple examples of how

FMEA can be applied to medical equipment battery failures.

1/17/2008

## Is There a Relationship Between Equipment Design and Use Error? A Human Factors Engineering Tutorial

*Frank R. Painter, MS, CCE*

*Director, Clinical Engineering Program  
University of Connecticut*

Why is human factors engineering critical to the design and development of medical equipment? How can a clinical engineer determine how much human factors engineering went into a piece of equipment and why it is important to know this?

2/21/2008

## Responding to Medical Device Incidents

*William A. Hyman, ScD*

*Professor, Biomedical Engineering,  
Texas A&M University*

An important role of clinical engineering is to respond to adverse incidents in which a medical device is implicated. There are many issues related to such a response such as methodology, potential reporting requirements, and possible patient compensation or litigation. The latter requires careful compliance with peer review requirements. This presentation will provide an overview of these issues.

3/20/2008

**(Topic to be announced)**

*Julian M. Goldman, MD*

*MGH Anesthesia and Biomedical Engineering, Director, CIMIT Program on Interoperability*

The teleconferences are held the 3<sup>rd</sup> Thursday of each month at 12 Noon Eastern Time (9:00AM Pacific Time etc) for one hour. Registrants will receive the call-in number and presentation material prior to each session.

## Enrollment and Questions:

Alan Levenson

Email: [Secretariat@accenet.org](mailto:Secretariat@accenet.org)

## The ACCE Board and Committee Chairs

President .....	Stephen Grimes
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## ACCE Clinical Engineering Certification Study Guide

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

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

Or e-mail [Secretariat@ACCENet.org](mailto: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 2007** exam (see page 2 of this Newsletter).

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

## Calendar of Events

- June 16-18, 2007

AAMI 2007  
Boston, MA

- June 17, 2007

ACCE Annual Reception and Membership Meeting, 7-10 PM,  
Boston Marriot Copley Place,  
Ballroom A-C  
Boston, MA

- June 25-26, 2007

HIMSS Summit  
San Diego, CA



- July 8-11, 2007

ASHE Annual Meeting  
New Orleans, LA

- August 23-26, 2007

International Conference of IEEE Engineering in Medicine and Biology  
Lyon, France

- October 2-4, 2007

Healthcare Facilities Symposium and Expo  
Chicago, IL

- November 3, 2007

Next CCE Exam (application deadline September 1, 2007)  
Various cities in US

- February 24-28, 2008

HIMSS 2008  
Orlando, FL



### Newsletter of the American College of Clinical Engineering

ACCE Healthcare Technology  
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We're on the Web!

<http://www.accenet.org>