

ACCE News

Vol. 12, No. 6 – November 2002

Clinical Engineering at EMBS

Through the efforts of Yadin David and his Technical Committee the *Telemedicine, Clinical Engineering and Health Care Systems* Track at the EMBS-BMES2002 International Conference in Houston this October was a resounding success. The quality and the applicability of topics like those offered through the 12 sessions that made up the Telemedicine, Clinical Engineering and Health Care Systems Track made for an excellent conference.

The sessions combining engineering, systems, and evolving applications were well-attended and received. Many countries were represented including Japan, USA, UK, Pakistan, Canada, Spain, Argentina and Mexico. Top quality audiences with good Q&A sessions marked every portion of the Track. The Technical Committee provided helpful ideas, hard work, and support that promoted the successful outcome. Dr. David judged the concluding session most productive with ACCE Past-President Elliot Sloane eloquently presenting ACCE's role in healthcare. EMBS President, Mimi Galiana, and President-elect John Clark clearly heard the messages of the panel and the audience as they advocated for more clinical engineering topics in the EMBS magazine and IEEE/EMBS conferences. Henceforth, the EMBS website will point to ACCE. A certification preparatory workshop can be offered at EMBS conferences and the EMBS Ad Com

passed a resolution to identify clinical engineering needs and report back by the spring meeting for a recommended follow-up action. These are small yet persistent steps. Obvious progress is being made and momentum is gaining for the adoption of a greater vision for the clinical engineering profession.

See back cover for more on ACCE and EMBS.

LATE BREAKING NEWS!!!

The **ACCE Healthcare Technology Foundation** has been founded. This follows years of hard work and commitment by a multidisciplinary group of dedicated professionals.

The **Foundation** has the following purpose: *"Improving healthcare delivery by promoting the development and application of safe and effective healthcare technologies through the global advancement of clinical engineering research, education, practice and other related activities."* Dr. Yadin David is **AHTF's** first President.

Editor's note: The January Issue of ACCE News will feature a special section on the Foundation, its current activities, and its aspirations.

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21 Bob's Lane

Setauket, NY 11733

American College of Clinical Engineering

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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.

Web - Accenet.org

President's Message

Raymond Zambuto, rzambuto@techmed.com



I just returned from the "Future of Health Technology Summit" at MIT. In part, it was a two-day joy ride for the mind, stretching the bounds of the possible in robotics, cybernetics, and genetics. But it also explored issues like "how will we pay the Medicare/Medicaid bill of the future?" and "Where will we find enough caregivers

when the 'Baby Boomers' start using the system big-time?"

These questions and the subsequent presentations and discussions pointed to the need for fundamental shifts in the way we view health care and the ways in which technology can be leveraged in that effort. For example, "shifting the locus of care to the home" might seem far-out, but with the advent of ubiquitous computing and the rising of consumer dissatisfaction with the current system we may see such a paradigm shift sooner than we think.

The need to be open to changes in how we do things and how we think is increasing as the world becomes smaller and society moves faster. ACCE has since its founding done a good job of keeping pace with changes in the profession.

This month we are presented with another evolutionary opportunity. The Membership Committee with the support of your Board of Directors is putting forth amendments to the ACCE Bylaws that will broaden the opportunities for individual membership in ACCE and cast the membership

requirements as regulations under the bylaws rather than as bylaws themselves. This latter change is typical of how many societies structure their bylaws.

Over the past few years the membership committee has found itself in the position of turning away applicants who, while giving ample evidence of clinical engineering practice as ACCE defines it, do not fit the narrow requirements for individual membership. For example, there are talented men and women out there who are applying engineering or management skills to healthcare technology in industry, research, and academia. There are also talented, proven managers of programs who, while not having an engineering degree, have demonstrated their commitment and contribution to the profession. Members of these groups are often found ineligible for ACCE membership.

Now this has two effects. First, it deprives ACCE of the strength and input of clinical engineering professionals who wish to participate in ACCE and who may bring us fresh ideas or a different perspective. Second, it perpetuates the myth of ACCE as an elitist organization.

The proposed Bylaw changes will allow qualified individuals in these circumstances to be admitted to individual membership while still providing scrutiny of the process by the Membership Committee and the Board.

I recognize that there are points of view that favor a narrow interpretation of "clinical engineer" for membership, but I am convinced that in the context of ACCE those differences are more of form than of substance. It is not the role of ACCE to define entry points of practice. We have licensure, a renewed certification process, and the marketplace for this. It is rather the role of ACCE to promote excellence, safety, and competence in the whole profession. This is best done when we can directly reach the maximum number of professionals.

I ask you to join in supporting this initiative with your "YES" vote on the upcoming bylaw revision. The current changes in healthcare and the role that technology plays in those changes provide the best opportunity in 30 years for clinical engineering to flower. If we are to bloom as a profession, it must be as a strong, united, clinical engineering community. If you have questions on the Bylaws change, please contact any member of the Board via email.

Ray

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The ACCE Board

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International	Tony Easty
Membership	Steve Grimes
Nominations	Elliot Sloane

Committee	Chair	email
Advocacy	Brian Porras	Brian_Porras@premierinc.com
Annual Symposium	Ted Cohen	ted.cohen@ucdmc.ucdavis.edu
Certification	Frank Painter	frpainter@earthlink.net
Education	Jim Wear	wearjam@lrn.va.gov
HIPAA	Steve Grimes	slgrimes@nycap.rr.com
International	Tony Easty	tony.easty@uhn.on.ca
Medical Errors/ Patient Safety	Elliot Sloane	esloane@villanova.edu
Membership	Steve Grimes	slgrimes@nycap.rr.com
Newsletter	Joe Dyro Jim Keller	dyro@alum.mit.edu jkeller@ecri.org
Website	Elliot Sloane	esloane@villanova.edu

ACCE News

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Manager

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

Editor

Joseph F. Dyro, Ph.D., CCE, FACCE, FAIMBE
21 Bob's Lane, Setauket, NY 11733
dyro@alum.mit.edu; (631) 751-7244; -7802 Fax

Assistant Editor

Ted Cohen, ted.cohen@ucdmc.ucdavis.edu

Circulation

Matt Baretich, ACCE.Secretariat@baretich.com

Photography

S. Knapp Schott

Advertising

Joseph Skochdopole, jaskochd@stvincent.org

Address corrections:

Matt Baretich
ACCE Secretariat
ACCE.Secretariat@baretich.com

PEOPLE ON THE MOVE AND IN THE NEWS



Joe Skochdopole takes over as Advertising Manager of the *ACCE News*. If ACCE Members have suggestions for advertisers, they are encouraged to contact Joe at jaskochd@stvincent.org.

Tony Easty takes over as Chairman of ACCE's International Committee. Members interested in participating in ACCE's international outreach may contact Tony at tony.easty@uhn.on.ca. Dr. Easty is Director of Medical Engineering for University Health Network, Toronto, Ontario, Canada.

Joe McClain has retired after a long and illustrious career featuring most recently Director of the Clinical Engineering Department at Walter Reed Army Medical Center. He will be moving to Arizona.

Mark Bruley and **Bryanne Patail** will speak at the Healthcare Information and Management Systems Society (HIMSS) Annual Meeting, in San Diego next February. They will lecture at a Session entitled "*Patient Safety and Information Management: Clinical Engineering Solutions.*" The session will be on Tuesday, February 11, 2003. 8:15 AM - 9:30 AM in room 6E at the San Diego Convention Center. They will show how information systems in hospitals and within medical devices may play a major role in the cause or prevention of the approximately 98,000

ACCE Welcomes New Members

The following are the new ACCE Members elected during the period June 2002 to September. Congratulations and welcome!

- **Brian McLaughlin**
- **Archie Welles**
- **Salah Ferhat**

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deaths that occur in the United States annually from medical errors, many of which are preventable. For more information see *Annual Conference* at <http://www.himss.org/asp/index.asp>.

Steve Grimes will present a lecture on HIPAA at HIMSS. Grimes was featured in the latest issue of the AAMI Newsletter for his work on HIPAA.

Enrico Nunziata was named President of CED. CED is the Clinical Engineering Division of the International Federation of Medical and Biological Engineering (IFMBE). ACCE is a member of IFMBE. Enrico is an international clinical engineering consultant currently working in Mozambique. He is a regular contributor to *ACCE News* with *Clinical Engineering around the Globe*.

Steven Juett is leaving the Baylor Health Care System to join EQ International, the consultant group of RTKL, an international architectural firm. Steve says that he expects that the move will afford an excellent opportunity to expand his personal horizons and contribute to facilities support and healthcare information service groups. As Director of Healthcare Engineered Systems he will head a group focusing on equipment planning in systems at the interface of facilities, information systems and biomedical device technologies. He sees as his major change and challenges the areas of information management and medical equipment, telemedicine, telecommunications, teleconferencing, wireless systems, AV systems, distance learning systems, security systems, MATV, nurse call, and headwall systems.

This November **Ron Baumann** moved to Adventist Health System-Midwest Region from ARAMARK ServiceMaster at Cook County Hospital, Chicago, IL.

At the end of November, **Brian Porras** will join Siemens Medical Solutions as a Product Manager in its radiation oncology division based at its new U.S. headquarters in Malvern, PA. Brian relates that ten years ago he was fortunate enough to be recruited by SunHealth, one of Premier's three predecessor organizations. He has enjoyed a satisfying, fulfilling career with the Premier organization with ample opportunity to meet some outstanding individuals, to grow professionally, and to develop as a person. Look for Brian in the Siemens booth at the Radiological Society of North America in Chicago this November.



Tom Bauld and **Joe Dyro**, took some time off recently to enjoy North Carolina's Outer Banks and Colonial Williamsburg, where Tom currently resides and works. The highlight of the reunion was the acquisition of new BMEE tee-shirts to replace the original shirts made in 1965 when Tom and Joe started with the University of Pennsylvania, Moore School of Electrical Engineering, Biomedical Electronics Engineering Department Softball Team. Tom led the league in pitching with a 9-0 record.

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Matthew F. Baretich PE PhD
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Web: www.baretich.com

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Fax: 970-493-8269
E-mail: mfb@baretich.com

Perspectives from ECRI

James Keller, jkeller@ecri.org

New Online Tool for Tracking Hazards and Recalls

ECRI has published a hazard and recall tracking system called *Health Devices Alerts* for almost thirty years. *Health Devices Alerts* comes with three yearly binders that include detailed forms and instructions for tracking actions taken on the hazards and recalls and other safety information from ECRI. We have been improving our program over the last couple of years by providing more exclusive content from ECRI, by posting all of our alerts on the member areas of our Web site, and more recently through e-mail distribution of the weekly reports. I am pleased to announce that in early 2003, we will be launching a new online tool that will allow hospitals to easily track their hazard and recall information from *Health Devices Alerts*.

Our new tracking tool will allow users to essentially click on a button to record and track actions pertaining to each alert such as who within an institution has read the alert and what response has been taken. Hospitals that subscribe to the new tracking service will be able to obtain passwords for any staff members who need to access the alerts. The tracking mechanism will allow administrators to quickly see when their staff has read specific alerts and what action has been taken to address reported problems. Individual staff members will be able to view actions they have taken with their alerts and record new actions on new or previously published alerts. ECRI believes that information from this tool will be extremely helpful to present to Joint Commission surveyors to demonstrate compliance with hazard and recall tracking requirements. It should also save a tremendous amount of time over the traditional paper-based systems being used by many hospitals and should prove to be a life-saving tool by helping to make sure that critical safety information is getting to the right people, and is actually being acted on.

We are still putting the finishing touches on our new tracking tool. We are very interested in hearing some feedback from our colleagues in the clinical engineering community about how the tool might work in your hospitals. We are also interested in learning how we might be able to improve the tool before its launch early next year or for future versions. I would

be happy to arrange for an online demonstration if you are interested in helping us with your feedback or if you would just like to learn more about the tool. Feel free to contact me at jkeller@ecri.org or (610) 825-6000, ext. 5279.)

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

HIPAA Update

Stephen L. Grimes, sgrimes@nycap.rr.com

The industry still awaits publication of the final version of HIPAA's Security Rule. In July of this year, HHS did report the final version of the rule was scheduled to be published the following month (August). HHS missed that deadline, concentrating instead on releasing amendments to the final Privacy, which is to take effect in April 2003. While no official announcement has been made, some CMS sources now report the final Security Rule and an addendum to the HIPAA Transactions and Code Sets will be published in the December 27th *Federal Register*. While ever the optimist, we're taking no bets.

New York City Metropolitan Area Clinical Engineering Directors Group

Ira Soller, isoller@downstate.edu

The New York City Metropolitan Area Clinical Engineering Directors Group, consisting of Directors and Supervisors of Biomedical/Clinical Engineering Departments, representing all of the major medical centers in the greater New York City metropolitan area met on Sept 24, 2002. Among the 21 in attendance were ACCE Members **Mike Lauria**, **Barbara Maguire**, and **Ira Soller**. **Barbara Maguire** and Nick Pinto of Weill Cornell Center of The New York Presbyterian Hospital hosted the meeting.

Michael O'Neil with the support of Ed Casey of Nellcor, Tyco Healthcare, spoke on *Pulse Oximetry: Physio-Optical Environment* detailing the latest advances in this field. Subsequent member discussion ensued relating to FCC registration of telemetry

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transmitters, JCAHO 2003 National Patient Safety Goals as they relate to infusion pumps and improving the effectiveness of clinical alarm systems, clinical engineering involvement in the OR, and implications of the phasing out of mercury sphygmomanometers on PM programs. Other topics of interest to Clinical Engineering Directors were also discussed.

For information, or manufacturers/vendors interested in making a presentation at a future meeting please contact: Ira Soller, Director of Biomedical Engineering, State University of New York, Downstate Medical Center, 450 Clarkson Ave., SMIC Box 26, Brooklyn, NY 11203. 718-270-3192 (phone), 718-270-3194 (fax), or ira.soller@downstate.edu.

Wireless Medical Telemetry System Brochures Available from ASHE

Two brochures developed as information packages for both users and vendors with the Wireless Medical Telemetry System are available: *WMTS User Guide* and *WMTS Vendor Guide*.

The American Hospital Association (AHA) is finding that many hospitals that have already installed equipment in the new protected spectrum (608-614MHz) are unaware of the need to register their site(s) with the Federal Communications Commission (FCC) using American Society of Hospital Engineering (ASHE) as the appointed frequency coordinator. In many cases AHA has found that the local representative of the manufacturers of the equipment is also unaware of the need for registration.

AHA recommends that clinical engineers obtain and disseminate these brochures so that hospitals are informed that equipment already installed in this new bandwidth must be registered by FCC regulations. In addition, if a hospital is in the process of acquiring equipment for this purpose, only demographic information need be registered as a first step. The registration can then be completed with the technical details of the equipment after installation.

For brochures and information contact John T. Collins, Director of Engineering and Compliance, ASHE at 312-422-3805 (phone), 312-422-4571 (fax), or jcollins@aha.org.

It Seems that Some Never Learn Connecticut hospital settles patient deaths investigation

Cinda Becker

The Hospital of Saint Raphael, New Haven, Conn., agreed to pay \$250,000 -- reportedly a record amount -- to settle a state investigation into two patient deaths last winter. Two women suffocated while undergoing cardiac catheterizations at the 464-bed hospital because their oxygen masks were mistakenly hooked to nitrous gas. In addition to the fine, Saint Raphael has agreed to terms to improve patient care and safety, the state Department of Public Health said. Hospital officials said in a written statement that they took immediate corrective actions in January, when the deaths occurred, and have since worked with a variety of regulatory agencies. "The voluntary consent agreement with the state is another step in this process. Nothing will minimize the unfortunate deaths of these two patients, whose families continue to be in our thoughts and prayers," the officials said.

From Modern Healthcare's *Daily Dose*, Nov 1, 2002
http://63.236.102.151/dailydose/2002-11-01_dailydose.html

Joint Commission Resources

In order to continue to meet your needs with accreditation resources straight from the source, Joint Commission Resources (JCR) now has a toll-free phone number for your convenience:

1-877-223-6866 - Monday-Friday

8:00 a.m. - 8:00 p.m. - Central Standard Time

JCR provides accreditation resources for healthcare organizations and businesses in the areas of quality improvement, patient safety, good practices and preparation for and maintaining accreditation. Products and services include:

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- Educational programs and seminars
- Videos, audiotapes, satellite broadcasts
- Web-based training, electronic books, manuals and tools
- Good practices database
- Technical assistance and custom education
- Continuous survey readiness

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THE VIEW FROM THE PENALTY BOX

David Harrington, dave@sbtech.com

Well the year 2002 is rapidly coming to a close, many things have changed and others have not. The Red Sox did not win the World Series, no change there. The good news was that the Yankee's didn't win either.

Our political leaders seem to be having brain cramps and cannot get anything done that needs to get done. They did pass some legislation that will charge manufacturers a fee for "fast tracking" their devices and drugs through the FDA approval process. I am not too sure who this will help except the investors in the various companies. Only time will tell if the patients benefit from this change or not. With these extra fees will the FDA start to enforce the requirements that we get all the documentation that we need to support the equipment in our hospitals? Will the FDA come down on the vendors that charge for phone support? Will the FDA tell the vendors that we need the information from the remote diagnostics to better support the devices in our hospitals? I doubt it.

Well we have new marching orders from the JCAHO on free flow IV pumps and clinical alarms. Most of us have pushed the IV pumps that can free flow out of our hospitals years ago often fighting administration on every step of the process. There still are a few pumps that can "free flow" in use but one in wide use that if programmed wrong goes from a safe pump to a dangerous one. We have to check these pumps to be sure that they are properly programmed every time we change batteries or PM them.

The clinical alarm requirement is a real bag of "do-do", in that those who set and are supposed to respond to alarm conditions want someone else to be able to be blamed if they don't do their jobs. The ideal group to be blamed is the Clinical Engineering groups. We cannot legally modify devices for louder alarms. We cannot make every alarm a different tone. All we can do is make sure that the alarms function, that there is a sound and a visual indication of what is alarming so the care giver can respond to alarm conditions.

We can put up a wireless network that will pick up any alarm that is not cancelled within x seconds and have the network page the manager of the area that the alarm is occurring in. So that will take some time and some serious funding but it will not solve the problem

as outline in the JCAHO goals. The only way that the goal can be met is with enough staff giving patient care that is trained to respond to alarms. What we have to be careful of is that the staff may start turning off some alarms. Maybe that is the answer - have sound only for the critical alarms and have indicator lights for everything else.

As a profession we need to share more information on alternate sources of repair parts, service options that are less expensive than the OEM's and share information on products that do not perform. All of us have "dog" devices in our inventories that are difficult to apply, have short mean-times-between-failures or are just too expensive to maintain. We need to share this information and only then will the vendors and the FDA get involved to correct the problems.

Last point. We as clinical engineers are looked upon as a resource to solve problems relating to equipment and its application. Unfortunately, too many of us have forgotten that no matter how good the technology is the user is the key person in the safe application of the technology, the user is the key person in preventing failures, and the user is the first person we should talk to when there is a problem. I am seeing more misapplications of equipment than ever, partly, I believe, because hospitals are continually trying to do more with less.

Have a great Holiday Season!



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ACCE Board Meeting Highlights - October 16, 2002

President (Ray Zambuto)

Strategic planning objectives include broadening the membership of ACCE both in diversity and numbers; and broadening relationships with groups both related to clinical engineering and those whose mission ACCE touches, e.g., IEEE, ASHE, and AAMI. Three specific objectives involve education, intersociety relations, and AAMI Annual Meeting. Working through the Education Committee we will strengthen offerings to the BMET community. The Board will build and strengthen existing contacts with local and regional biomedical societies. Intersociety discourse through formal meetings will be realized at the AAMI Annual Meeting.

President-Elect (Izabella Gieras)

A draft of the Annual Member Survey was perused and discussed. Electronic distribution where possible will expedite the process as it did last year. After data analysis the results will be made available to members by way of the website and *ACCE News*.

Vice President (Ray Zambuto for Ted Cohen)

Ray reviewed next year's Symposium – *“Improving Healthcare Technology, Public Health Policy and Technology Management in the Next Decade: The Future of Clinical Engineering”*. Encompassing topics such as Surgical Robotics, Imaging, Medical Errors, and Certification, the Symposium will complement the AAMI 2003 theme, health technology and envisioning the future.

Secretary (Ron Baumann)

The Secretariat reported five requests for certification and numerous correspondences with members, the press, and interested parties.

Treasurer (Henry Montenegro)

The financial picture is favorable. A positive cash flow and increased reserves enable substantial growth and strong programs. The proposed 2003 budget projected the Teleconference Series, *ACCE News* advertising, PAHO sponsored ACEWs, and WHO contracts as major sources of revenue. Strengthening internal controls and obtaining bonding to safeguard ACCE's resources were discussed. Progress has been made on directors and officers insurance and liability insurance.

CCE Committee (Frank Painter)

The founding of the Healthcare Technology Foundation will accelerate the certification process (see *Late*

Breaking News, p. 1). The members of the Certification Commission have worked tirelessly to revitalize the certification process. The CE Board of Examiners will administer examinations in the winter of 2003. Caroline Campbell asked Board Members to provide examination questions to supplement those already drafted. Development of the question bank is based largely upon the Body of Knowledge Survey recently completed. Certified Clinical Engineers who join the new program will be recognized by the Commission at no cost.

Membership Committee (Steve Grimes)

The following candidates were approved for membership: Brian McLaughlin and Archie Welles – Individual and Salah Ferhat – Associate. Proposed membership criteria changes were discussed. The Board approved unanimously the Committee's recommendation for separate document, apart from the bylaws, detailing membership criteria. The appropriateness of the hospital experience criterion was vigorously discussed.

HIPAA Task Force (Steve Grimes)

See HIPAA Update (this newsletter, page 5).

Advocacy Committee (Brian Porrás)

Brian Porrás strongly encourages members to join his Committee to help with the daunting task of promoting the awareness of clinical engineering. Opportunities abound for effective promulgation of information about the profession. Ignorance of clinical engineering and biomedical technology is widespread among prospective employers and the general public.

International Committee (Tom Judd)

Infratech traffic is on the increase. Sam Miller will update the Committee's sub-page on the ACCE website. ACEWs will be in Mexico, Jamaica, Chile and El Salvador over the next several months.

Newsletter (Jim Keller)

Joe Skochdopole, advertising coordinator, plans for 1½ pages of ads next year. Positive feedback has been received on the vitality of the *ACCE News*. Theme issues such as the Annual ACCE Symposium in the March 2003 issue will be explored.



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ADVANCED CLINICAL ENGINEERING WORKSHOP Guayaquil, Ecuador

Bill Gentles, gentles@btmtc.com

For the second time, Guayaquil, Ecuador was the site of an Advanced Clinical Engineering Workshop. The previous workshop had been held in March 2001. For the 2002 workshop held September 9-13, the faculty was composed of Bill Gentles (Canada), Steve Grimes (USA), Antonio Hernández (USA), George Johnston (USA), Sam Miller (USA), Jorge Villamil (Columbia), and Binseng Wang (USA). Also participating as instructor was Ing. Juan Gómez of the MODERSA Project (Project for the Modernization of the Health Services) of the Ecuador Ministry of Health (Ministerio de Salud Publica - MSP). Organization of the workshop was a joint effort of the ACCE, Pan American Health Organization (PAHO), Ecuador Ministry of Health, and the University of Guayaquil.

The workshop was attended by 43 participants, the majority of whom were Chiefs of Maintenance of MSP hospitals. The participants were highly motivated, and showed a keen interest in the material presented, asking many questions. There is a severe shortage of trained CEs and BMETs in the country, and the University is taking steps to start a Clinical Engineering program in the near future, with possible postings for visiting professors. See back cover of this newsletter for a photograph of the Ecuador ACEW participants.

Guayaquil is a port city on the Pacific coast, with a population of about 3 million. The University of Guayaquil is very large and diverse, with about 55,000 students. University education in Ecuador is free for all citizens who are academically qualified. The University provided ACEW faculty with a guide and escort, Doctora Leonora Sotomayor, who made sure we got to the University on time every morning, and showed us the sights of the city. The University also provided a well-equipped lecture theatre, and simultaneous English-Spanish translation. Translation services were excellent, and presenters did not feel the need to slow down their presentations to accommodate the translation. Excellent support was also provided by PAHO staff based in Ecuador.

Besides the almost 40 hours of teaching and discussion, the instructors also visited two hospitals.

The first one was the Children's Hospital of the Junta de Beneficiencia de Guayaquil, a very modern and well managed hospital that accepts patients from the entire country and derives its income from the national lottery. The second facility visited was the new Gynecology and Obstetric Hospital under construction for the University of Guayaquil. The latter will be the first unit of a medical care and research campus in the periphery of the city of Guayaquil.

At the end of the workshop, faculty members (except Antonio, who had to return to Washington) flew to Quito for a few days of rest and relaxation. Quito is the capital of Ecuador, with a population of about 2 million. It is at an altitude of about 10,000 feet, surrounded by mountains in a very picturesque setting with a temperate climate. On Saturday, we hired a van and driver to take us on a tour of the nearby towns where there were native markets. On our tour, we crossed the equator, and stopped for pictures of the group with one foot in each hemisphere (see photo below). The town of Otavalo had the most famous market, with a large selection of handmade clothing, jewelry, leather goods and artworks. We all were impressed with the country, and would happily come back should the opportunity arise.



Faculty standing on the Equator: Steve Grimes, Binseng Wang, Sam Miller, Bill Gentles, Arlene Johnston, George Johnston (l to r).

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Calendar of Events

- RSNA Conference, Chicago, Illinois, Dec. 1-6, 2002.
- 2nd European Medical & Biological Engineering Conference, Vienna, Austria, Dec. 4-8, 2002, www.embec.org.
- IEEE EMC 2003 International Conference, Istanbul, Turkey, May 11-16, 2003, www.ortra.com/emc2003.
- 6th ACCE Symposium, Long Beach, CA, June 14, 2003, www.accenet.org.
- AAMI 2003 Conference & Expo, Long Beach, CA, June 14-17, 2003, www.aami.org.
- World Congress on Medical Physics and Biomedical Engineering, Sydney, Australia, August 24-29, 2003, www.wc2003.org.
- 25th Annual International Conference of the IEEE Engineering in Medicine and Biology Society, Cancun, Mexico, September 17-21, 2003, <http://itzamma.uam.mx/cancun>.

Feedback Desired - We would like to include in upcoming newsletters our colleagues' experiences with implementing the JCAHO patient safety goals, particularly the effectiveness of clinical alarm systems. Please forward your comments and stories to the editor, *ACCE News*, dyro@alum.mit.edu.

2002 ACCE EDUCATIONAL TELECONFERENCE PROGRAM

The American College of Clinical Engineering brings an exciting and educational program to you this year. By participating in audio teleconference sessions, you will be able to learn, remain up-to-date with current topics and earn CEUs from a preeminent educational institution: The University of Arkansas for Health Sciences.

The faculty is composed of recognized experts in the field and is selected to make presentations on topics that have been requested by ACCE members and previous participants. Each lecture (offered the third Thursday at 12 noon Eastern Time) lasts approximately 45 minutes and is followed by a 15 minute Q & A period.

The ACCE audio teleconference provides an opportunity to get the clinical/biomedical engineering colleagues in your area together to learn and discuss important issues while exploring local solutions. Moreover, the cost of the program can be shared by different institutions paying for each course or by pooling their funds for the series. A larger site might sponsor the course and charge single attendees from other sites.

November 21, 2002 **“Incident—Prevention with HFMEA—and Investigation with RCA: VA and ECRI Approaches”**—Bryanne Patail, BS, MLS, Biomedical Engineer, U.S. Department of Veterans Health Administration, National Center for Patient Safety, Ann Arbor, MI, and Mark E. Bruley, Vice President for Accident and Forensic Investigation, ECRI, Plymouth Meeting, PA

December 19, 2002 **“Remote Diagnostics—Where are we today?”**—David Harrington, MBA, Technology in Medicine, Holliston, MA.

January 16, 2000 **“Benchmarking: Who Needs It?”**—Yadin David, Ph.D., CCE, PE, Director, Biomedical Engineering, Texas Children's Hospital, Houston, TX

The fee for each session is \$125 and includes CEUs from the University of Arkansas for Health Sciences for up to four attendees. Additional attendees are \$10 each.

The course fee includes phone charges, handout materials and CEU certificates.

Please make course registration checks payable to: American College of Clinical Engineering
Purchase orders and credit cards are also accepted.

Mail registration to: ACCE Course Registration
c/o Alan Levenson
30 Knollwood Drive
Morristown, NJ 07960-2616

For information please call Alan Levenson at 973-605-8847 or email: levenson@pobox.com
FAX: 973-605-8848

TELECONFERENCE HELP WANTED

Have you ever attended a teleconference? If so, you know what a great service this is to the clinical engineering community. If not, check out the schedule on page 10!

ACCE's very successful Audio Teleconference Series seeks to expand its committee. We particularly need someone who can help with administering and promoting the program. No experience needed. Existing committee members will train you. This is a great way to get involved with light duties and have a big impact.

Please contact Ted Cohen for more information at
ted.cohen@ucdmc.ucdavis.edu.

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Help ACCE Spread the Word!

The Advocacy Committee is looking for members to help promote ACCE and Clinical Engineering. Contact Brian Porras, Committee Chair at Brian_Porras@premierinc.com.



Ecuador ACEW Participants

ACCE Strong Presence at EMBS

Frank Painter, frpainter@earthlink.net

Yadin David, Bill Hyman, Nick Cram, Antonio Hernandez, Tom Judd, Binseng Wang, Adriana Velasquez, Elliot Sloane and Kevin Taylor all attended all the CE sessions and had a great time. There were plenty of new young CEs and CE wannabes to make it interesting. The attendance in the CE track varied from 80+ to 15, but averaged around 25 per session. The panel discussion / roundtable on Saturday afternoon between ACCE, EMBS, IEEE and a few prominent CE's, made for a very nice ending to a very stimulating conference. EMBS and IEEE welcomed continued participation by ACCE in this meeting and ACCE's continued support of the CE track. The next EMBS meeting will be in Cancun, Mexico next fall. I'm hopeful ACCE will continue to provide leadership with the CE track, increase its exposure to young and international CEs, have a booth in the pitifully meager exhibit area and join the well over 1000 attendees who

enthusiastically showed interest in the exciting and varied field of biomedical engineering.

Patient Safety Bill Passes House Ways and Means Committee

The House Ways and Means Committee recently voted 33-4 in favor of legislation that would create a voluntary system for reporting and recording medical errors and "close calls." The Patient Safety Improvement Act, H.R 4889, would allow healthcare providers to report key patient safety data to Patient Safety Organizations (PSO), which would provide feedback to providers on what went wrong so future mistakes could be prevented. When handling protected health information, PSOs will have to meet patient privacy provisions under the Health Insurance Portability and Accountability Act (HIPAA). Under HIPAA, PSOs would be regulated as business associates.