

ACCE News

Newsletter of the
American College of Clinical Engineering

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President's Message: 2005 Wraps up

Another year is quickly coming to an end. I still remember the first signs of spring and now I am starting to see the first Michigan snow flakes. What a beautiful sight!

2005 has been a very busy year and extremely productive for ACCE. Our membership has grown to 250 members, with forty one new members, two new Fellows, new Board members and committee chairs. ACCE has undertaken a wide spectrum of highly stimulating endeavors within the clinical engineering profession and beyond. I would like to reminisce on some of them with you.

Clinical engineers have observed a remarkable evolution in the clinical engineering profession. More health-

care administrators are now starting to realize the value of clinical engineering contributions to the prosperity of their healthcare systems. One of the main drivers is the assurance of a safe and effective patient care environment. In the past few years, clinical engineers have been establishing closer relationships with other healthcare professionals and together are making the healthcare environment a safer place.

The recent emphasis on medical technology integration has resulted in the clinical engineering and IT groups working together on interoperability of medical technologies. ACCE's close relationship with HIMSS and our organization's involvement in IHE (Integrating the Healthcare Enterprise) resulted in ACCE being appointed as a sponsor of the IHE Domain for Patient Care Devices (PCD). The PCD initiative focuses on implementing standards for effective and efficient communication of patient information throughout the healthcare systems. This past September, ACCE hosted the formation meeting for the PCD bringing together industry, medical device experts, clinicians, information technology leaders, and clinical engineers to par-

ticipate in the shaping of the medical device industry. With the successful relationship with HIMSS and the special focus on interoperability, ACCE has been invited to participate in the HITSP (Healthcare Information Technology Standards Panel) which focuses on providing a platform for harmonization of consensus-based standards necessary to facilitate the interoperability of healthcare information in the United States. Another great venture for our organization!

In 2005, ACCE continued to be involved in medical device security initiatives after releasing last year in collaboration with ECRI the *Information Security for Biomedical Technology: A HIPAA Compliance Guide*. Many of us made good use of this very valuable tool as we were preparing for the HIPAA Security Rule to be adopted in April of this year. At the AAMI annual conference in Tampa, ACCE presented a symposium on *Information Security for Medical Technology* addressing case studies and methods on diverse mitigation initiatives of interest to Clinical Engineering and Information Technology personnel.

Over the past year, many of the ACCE committees

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Izabella Gieras is a Clinical Engineer with Beaumont Hospitals in the Greater Detroit, MI area and President of ACCE

2006 Morris Humanitarian Award Nominees Sought

"Bob Morris passed away on March 2, (2001) following a most courageous battle with cancer. He was a Charter Member of ACCE, ACCE Fellow and a former ACCE President. His international work gave him his greatest inspiration and he truly made ACCE the international leader of Clinical Engineering activities. I most enjoyed watching his mind work and feeling his passion for ideas. He will be sorely missed!" – Jennifer Ott, Past President, ACCE.

ACCE will once again honor Bob's memory in 2006 with the presentation of the Robert L. Morris ACCE Humanitarian Award. This award honors individuals who have worked to improve global health conditions through the application of health technology. The initial presentation was posthumously made to Bob Morris. Other recipients are: 2002-Herman R. Weed, 2003-George Johnston, 2004-Alfred Jakniunas, 2005-David Harrington. This award is funded through member contributions, and is presented during the Dwight Harken Lecture at the AAMI Annual Meeting.

ACCE is seeking nominations for the 2006 Morris Award. If you would like to nominate someone, please email PastPresident@accenet.org.

Ray Zambuto

PastPresident@accenet.org

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 in June 2006.
- 2) The written exam will be given in several 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) Applications are being accepted now for the June 2006 exam. Please include references and transcripts with the application.
- 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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ACCE Healthcare Technology Foundation

It has been awhile since our last Foundation update to our ACCE family. The ACCE Healthcare Technology Foundation initiatives are in full swing. Here is a summary of important activities that have occurred over the last quarter and future plans.

Clinical Alarm Management and Integration: Hopefully, most of you are already aware of the Clinical Alarm Survey currently in progress. This survey will continue to accept responses until January 1, 2006. The link can be found on the following websites: www.acce-htf.org and www.acenet.org. The clinical alarm task force requests that every ACCE member review the survey and encourage your hospitals, local societies, and other professional staff to complete this important data collection tool. The results will be very useful in the development of an ACCE Healthcare Technology Foundation white paper on alarm issues, guidance and best practices. The results will be reviewed by other professional societies, and possibly manufacturers, to improve alarm management tools for our busy clinicians. Look for more to follow in 2006 as the survey comes to a close and the data analysis begins.

Task force members have been very busy promoting the survey, developing articles for publication in multiple professional journals, and work-

ing with other groups in reviewing project goals. Yadin David and Tobey Clark recently attended the annual MEDSUN meetings in San Diego and Baltimore to encourage additional participation in the survey and discuss the goals of the task force. The reception from risk managers and safety officers was very encouraging. Notice of the survey is being promoted in the American Association of Critical Care Nurses newsletter, and articles on alarm issues are being run in 24 x 7, Journal of Clinical Engineering, Biomedical Instrumentation & Technology, and Facility Care. There will even be a session at the 2006 AAMI conference chaired by Alan Lipschultz on the Standardization of Clinical Alarms. The task force is also working on updating the ACCE Healthcare Technology Foundation website to specifically address this ongoing project including best practices, success stories, practice guidelines, and data results.

All of this work is very encouraging in light of the fact that JCAHO has integrated the clinical alarm national patient safety goal within their standards. The task force appreciates all of your support – please complete the survey and continue to check out our website for updates.

Professional Credentialing Committee: The most recent Clinical Engineering Certification exam was held in November 2005. As of the close of registration, there were seventeen people scheduled to take the exam. This vital professional program keeps growing with every exam. The Healthcare Technology Certification Commission continues to develop questions for the test bank in order for the creation of new exams. To keep on track with the changing knowledge base within the clinical

engineering field, ACCE will undertake the clinical engineering body of knowledge survey in 2006 and the analysis of that data will drive future questions for the exam. Please look for announcements of this survey and complete it when requested. All clinical engineers are encouraged to pursue certification and to maintain their certification through the renewal process.

Patient Safety and Education Committee: Legal review of the request for bid and contract documents for the educational module distribution agreement has been completed and approved by the ACCE Healthcare Technology Foundation Board of Directors. This timed nicely with the completion of the first educational module “Taking Medical Devices from Home to Hospital”. This was the first attempt to follow the approved legal documents and the development procedure and proved to be very successful. The next plan is to complete this module within the new Patient Safety and Education Committee website section on the ACCE Healthcare Technology Foundation website. The primary goal of these education modules is public education. Author solicitation is underway for additional educational module development. Marv Shepherd is integrating the next module “Oxygen Fires” within the framework of the legal documents for future presentation.

The ACCE Healthcare Technology Foundation would like to thank Marv Shepherd for all his leadership and skills in chairing the committee. Though he has stated his retirement intentions many times, apparently Marv now means it, and will retire in January 2006. Ode Keil has agreed to

(Continued on page 11)



A non-profit organization advancing healthcare through technology

Perspectives from ECRI: The ACCE Board

This past summer I completed a rewarding three years as a member at large for ACCE's Board. I would like to thank the ACCE membership and the ACCE Board for giving me this opportunity to serve. Under the excellent leadership of Ray Zambuto and Izabella Gieras we have seen the ACCE membership grow and many new projects and initiatives take place. I was involved with several projects during my time on the Board and got to see first-hand how ACCE can make a difference. Here are a few items that come to mind.

The ACCE/HIPAA Compliance Guide for Biomedical Technology has been an invaluable resource for many hospitals trying to figure out how to fit medical technology into their HIPAA plans. Several clinical engineers have told me how the Guide helped save valuable time on their HIPAA efforts and really provided a road map for how to conduct what can be a very involved and complex project.

The ACCE Newsletter has received a nice facelift over the last few years. Joe Dyro handed over his longstanding stewardship of the Newsletter to ACCE's then Vice President Steve Grimes. Steve redesigned the look of our publication with a modern, easy-to-read format and has since turned the Newsletter over to our current editorial team of Melissa Burns and Ted Cohen. We have added new articles and continue to provide the clinical engineering community with news of the profession, resources we need to perform our jobs, and perspectives and advice to help us serve as better resources in our jobs. Thanks for doing a great job Joe, Steve, Melissa, and Ted.

Last year ACCE decided to dedicate serious resources to the role of

its Secretariat. Al Levenson was chosen to take on a newly expanded position that includes support for ACCE's wide ranging administrative tasks, and administrative functions for the clinical engineering certification program and the ACCE Healthcare Technology Foundation. Al has been very busy managing ACCE membership renewals and new applications, staying on top of our membership database, coordinating various ACCE committee meetings, managing new applications for clinical engineering certification, coordinating certification exams, and supporting the ACCE Healthcare Technology Foundation's burgeoning efforts. And, Al helps keep us all informed with his e-mail broadcasts with the ACCE Newsletter. Nice work Al!

The ACCE teleconference series is a great educational resource. I had pleasure to present some of ECRI's perspectives on the management of clinical alarms during the September 2004 program. And, ACCE does a great job with another educational program, the ACCE Clinical Engineering Symposium that kicks off every year's AAMI Conference. This year's program had over 200 attendees for a discussion on information security for medical devices. My presentation covered different clinical engineering tools for evaluation security risks for medical devices. This included a detailed discussion of the ACCE/ECRI HIPAA Compliance Guide. Those that attended the program may remember the question that I asked the audience about hospitals' readiness for medical device-related compliance. Not many in the audience were even close to completion of their compliance efforts and many had yet to even start. The whole symposium was real eye-opener



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

about the big-time security risks the clinical engineering community needs to address as medical devices and information technology converge.

As I move on from being a member of ACCE's Board to a new status as individual member, I look forward to taking part in many more ACCE activities and initiatives. I am also honored to take on a new challenge as a member of the ACCE Healthcare Technology Foundation Board. I hope to get a chance to work with some of ACCE's new members on some of these activities. Feel free to contact me if you would like some ideas on how you can help ACCE help our profession. I can be reached at (610) 825-6000, ext. 5279 .

Jim Keller

jkeller@ecri.org

Editors' Note: Thank you Jim for all the work you have done on the Board, and continue to do for the Newsletter.

View from the Penalty Box: Outside Your Zone

Here in the Northeast we just finished up a regional symposium that brought together close to 300 people in the healthcare field in one place for three days. There were some very interesting topics on the program along with many of the standard ones that draw people year after year. Putting together the symposium took a large chunk of time from several ACCE members, but we got it done and it was good.

One of the speakers presented the potential option of using ISO instead of JCAHO for accreditation in healthcare organizations. Many of those attending the session went into it with the feeling, "you cannot take production thinking into a hospital." Most came out of the session with thoughts of "it might work, but". To me as a clinical engineer just getting people to think outside of their comfort zone was a big win for possibly getting healthcare costs under control. We as engineers have to move outside of our comfort zone to do tasks better, cheaper and on time. We have to look over what we do that is no longer needed or effective and either change those items or scrap them. Just think of all the unproductive, and probably un-read, reports you generate every month, all the meetings you attend that have no value, except to the chair person's ego, while taking away your productive time. You could use that time to look at equipment support cost reduction methods, ways to better use existing equipment and ways to improve equipment replacement planning. Better policies and procedures for reducing problems with equipment and systems would be much more productive than meetings and reports that are not read or acted upon.

Here in Massachusetts the legisla-

ture is working on a new healthcare bill to reduce the number of uninsured people. Various groups are putting out advertisements that often seem to conflict. We have some hospitals and insurance companies saying that the problems are caused by the system, but not admitting that they are the system. We have other hospitals saying don't touch the free care pool, nurses saying that there must be minimum staffing levels, industry saying look at other methods than tax increases and other saying that healthcare is the largest non-governmental employer in the state and those jobs are a driving force in our economy. It seems that people are developing a "bunker" mentality when it comes to healthcare.

In a recent Boston Globe (10/22/2005) Op-Ed piece Robert Kuttner made some interesting statements. "Somehow, the rest of the industrial world can provide health coverage for everyone, and only spend on the average of about 10% of its national income, while we spend 14% and leave 44 million people without health insurance". He goes on "How is that possible? Simple, we squander hundreds of billions of dollars processing claims, having dozens of competing insurers spend a fortune on marketing, paying HMO reviewers to second-guess physicians, evaluating who is "insurable", and otherwise wasting about 30 cents on every premium dollar paying middlemen who provide no healthcare". While his piece was about the problems that General Motors has with healthcare costs pushing them towards Chapter 11 bankruptcy it really hits on the problems we face. Now all we have to do is see if our politicians, state and national, will do anything.

I would like to ask you a favor:

Talk to someone in your hospital finance department and ask if they have a cost on a particular clinical function, not the price that they submit for re-imbursement, but the cost of the function. I will wager a beer that they will not have a cost. Also, ask which department generates the most revenue for the hospital and which patient care department has the highest costs. They might be able to answer that one. My point being, how can costs be controlled if we do not know what the costs are?

In closing, hockey is back, the game is a little more open and interesting to watch and hopefully they will maintain the present level of play. I just hope that we as clinical engineers will also be able to at least maintain our level of activity and hopefully increase it in the near future.

Have a great holiday season and don't eat too much.

Dave Harrington
dharrington@techmed.com



October 2005 ACCE Board Highlights

The October ACCE Board Meeting got off to a great start with almost all Board and Committee chairs present to report the latest updates. After reviewing the meeting minutes from August, Izabella Gieras, President, started the discussion by updating us on the ACCE Symposium at AAMI 2006 in Washington, DC. With a topic in place, the symposium planning committee continues to meet weekly to finalize the discussion points and secure speakers.

Tony Easty, Chair of the International Committee, reports that he and Bill Gentles continue to work behind the scenes on the INFRATECH listserv according to our contractual agreement. The Board approved a motion to create a task force of ACCE volunteers to formally review the ACEW (Advanced Clinical Engineering Workshop) syllabus. Their mission is to generate a list of updates and revisions to the curriculum for the 2006 workshops and beyond.

Izabella also reported that preparations are well underway for the

ACCE membership meeting at HIMSS 2006 in San Diego, CA in February. Currently, this membership meeting is scheduled for Saturday February 11, 2006 at the Hyatt hotel near the conference center.

Nancy Pressly, Chair of the Advocacy Committee, reported that the committee is drafting a letter to the American Hospital Association, state and federal agencies that will outline the role of clinical engineers and ACCE in responding to disasters like Hurricane Katrina. She also reported that the committee is starting to brainstorm on ideas that Clinical Engineering departments can use for the upcoming National Engineers' Week. An email announcement will be sent out to ACCE membership asking for suggestions that other members can use in their own departments. The Advocacy Committee will also be sending out the official Call for Nominations for the Advocacy Award in the very near future.

Steve Grimes, President-Elect, reported that the HIMSS-sponsored

Medical Device Security Committee (Steve is the ACCE representative for this committee) continues to develop specifications for a safe network environment for medical devices. He noted that there is some interest to start a subgroup of users to meet regularly and identify the issues that they are dealing with on a day-to-day basis in the healthcare environment.

Colleen Ward, Vice President, presented an update on the Body of Knowledge Committee's progress on their survey tool. This survey will be released to membership at the beginning of 2006. For his Past-President report, Ray Zambuto announced that the Bob Morris Award Nomination Committee will be formed in the near future and he is encouraging interested members to contact him about joining the committee. He also announced that he was invited to join the HIMSS Standards Task Force and will provide updates as this group continues to meet. Ray also reported that the IHE PCD meeting at the end of September was a great success. Two of the notable accomplishments were the creation of the business value propositions for interoperability and the creation of use cases that the committees will continue to define and eventually develop into IHE-standard profiles

Paul Sherman, Chair of the Professional Practice Committee and Member-At-Large, introduced the drafts for three professional practice guidelines. We completed the meeting by reviewing the financial statements presented by Joe Skochdopole, Treasurer.

Overall, it was an enthusiastic meeting where everyone reported stories of continuing progress in their respective committees and projects.

Advocacy Committee Seeks Award Nominees, Engineer Week Ideas

The Call for Nominations for the 2006 ACCE Advocacy Awards has been posted on the ACCE website. Please take a few minutes and review the awards criteria and consider nominating someone you think should be honored. The awards criteria and nomination form can be found at <http://www.acenet.org/default.asp?page=advocacy>. Award nominations are due by January 15, 2006.

The Advocacy Committee is looking for ideas for National Engineer's Week to post on the ACCE website. If your facility has done something interesting or exciting for this in the past,

please share it with us. We will compile a list of all the suggestions then post them to the website to share throughout the Clinical Engineering community. National Engineer's Week is a great time to spotlight our profession and we hope to give everyone ideas on how to do this in their facility. Please send your suggestions to advocacychair@accenet.org by December 15.

Nancy Presley
advocacychair@accenet.org

Jennifer L. Jackson
secretary@accenet.org

IHE-HITSP Progress on Interoperability

The ACCE sponsored Patient Care Devices Domain (PCD) of the Integrating the Healthcare Enterprise (IHE) initiative has entered full operation. Planning and Technical Committees have been set up, which each meet for a one hour conference call every other week. Todd Cooper is the interim chair of the Planning committee, whose primary function is to define use cases on which to define interoperability requirements for medical devices. Jack Harrington, of Philips Medical, chairs the Technical Committee, which takes the use cases and defines the standards to be applied to the interoperability process and maps out the technical details.

The committees, each of which has approximately 25 members, will have face to face meetings in the last week of January, 2006, at the RSNA headquarters in Oak Brook Illinois, and will be active at the HIMSS Annual Meeting, February 12-16, 2006 in San Diego CA.

ACCE's other high profile contribution to interoperability is as a member organization of the Healthcare Informa-

tion Technology Standards Panel (HITSP). The Department of Health and Human Services (HHS), in early October, awarded a major grant for standards harmonization to an ANSI - HIMSS led group, HITSP. The full panel meeting of late September was reported in the September-October issue of ACCE NEWS. The Board of Directors, of which Todd Cooper is a member, will hold its first meeting on December 13th. Ray Zambuto will be part of the Government and Charter Committee which will report on the new charter set for adoption in January.

Since September, the Office of the National Coordinator for Healthcare Information Technology (ONCHIT) has set a number of national "Breakthrough" priorities for healthcare. These priorities will be addressed by the Use Case Committee of HITSP in mid December.

The involvement of ACCE in the IHE and HITSP presents significant opportunities to raise the visibility of clinical engineering. For further background information, see

www.ACCENET.org, www.IHE.NET and the ANSI link at www.hitsp.org. ACCE will continue to provide updates to this important activity in future issues of ACCE News. Anyone interested in joining in with this work should contact Ray Zambuto.

Ray Zambuto

rzambuto@techmed.com

Members in the News

The Ben Pickering Award for Service to Others was presented to ACCE member **Richard G. Congdon, PE, CCE** by Technology in Medicine, Inc. (TiM) at its Annual Meeting in October. The award is named for Ben Pickering, TiM Regional Manager for the State of Maine, who passed away shortly after retiring from TiM in 1998. Ben was a teacher and mentor to dozens of BMETs in Maine and a living example of service to others, both on and off the job. Dick Congdon received the Pickering Award for his use of his engineering expertise in volunteer work with the Providence Athenaeum, St. Anthony's Shrine (Boston), and St. Francis Chapel & City Ministry Center (Providence). He has also given his time and talent over the past 5 years to the U.S. Board of Examiners for Clinical Engineering Certification and served as a member of the TiM Board of Directors.

ACCE members **Ted Cohen, MS, CCE**, **Craig Bakuzonis, MEng, CCE**, **Yadin David, PE, EdD, CCE**, and **W. David Paperman, CE**, along with **Willard S. Ellis, PhD, MD**, and **Joseph J. Morrissey, PhD** authored the article *Safe Use of Cellular Telephones in Hospitals: Fundamental Principles and Case Studies* for the Fall issue of the Journal of Healthcare Information Management.

Ted Cohen, Co-editor, ACCE News

Theodore.cohen@ucdmc.ucdavis.edu

HIMSS '06: Upcoming Clinical Engineering-IT Leadership Forum

Today, clinical engineers are being charged with extending their scope as communicators, problem solvers and experts in integrating high technology systems. With increasing frequency, they rely on and interact with their IT counterparts. The *HIMSS/ACCE Clinical Engineering and IT Leadership Forum* is a half-day program (Sunday, February 12, 2006, 8:00am-2:30PM) designed to foster the collaboration between clinical engineers and IT professionals.

This highly interactive forum will address such issues as: Healthcare technology for 21st century leadership; Improvements in quality and efficiency through improved processes, communication and teamwork; A case study on interoperability; New and improved technologies to improve patient safety; and

The challenges of developing a compelling business model for integration.

The leadership forum will feature speakers from academia, healthcare and professional organizations. The program will commence with a keynote address: *The Healthcare Partnership - Increasing Communications among Professionals* by Dr. Richard Carmona, U.S. Surgeon General (invited).

The Clinical Engineering and IT Leadership Forum was developed by Healthcare Information and Management Systems Society (HIMSS) and the American College of Clinical Engineering (ACCE). More information on ACCE activities at HIMSS will be published in the next newsletter and on the ACCE website.

Izabella Gieras, President

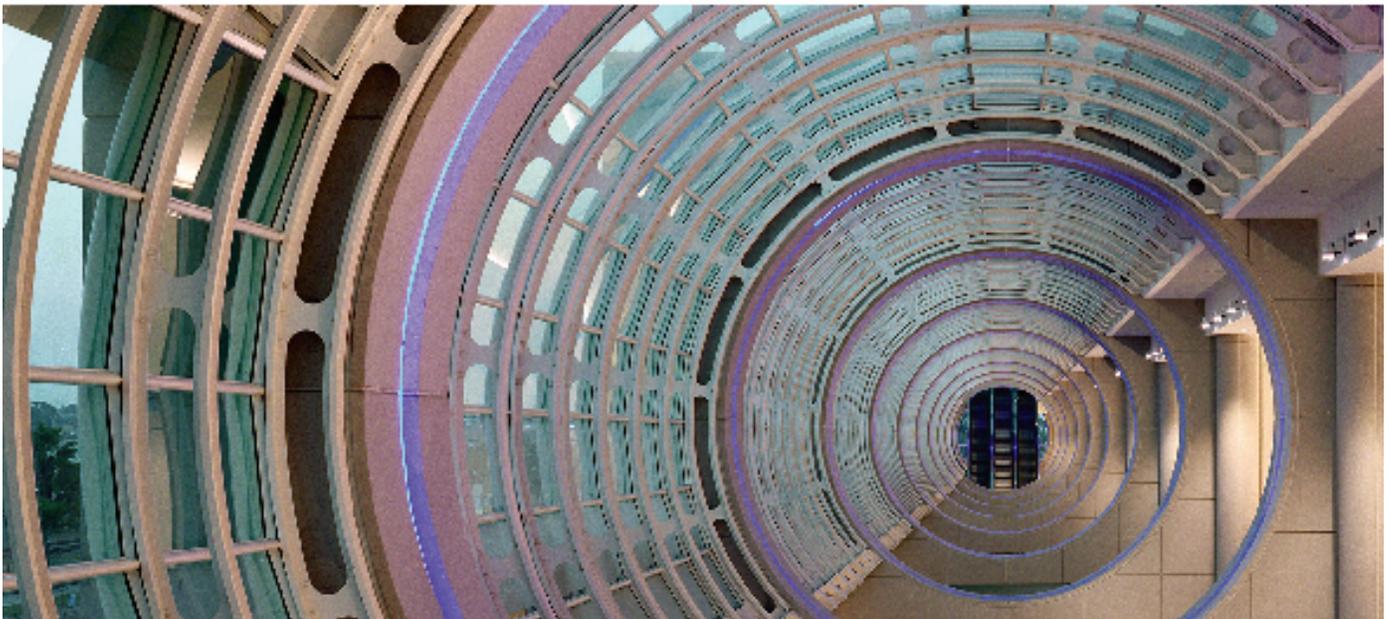
igieras@beaumontservices.com

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a r c h i t e c t s o f c h a n g e

Body of Knowledge Survey is Coming Soon

The ACCE Body of Knowledge Committee has worked very diligently to review and revise the previous body of knowledge (BoK) survey completed several years ago. The new survey will incorporate the following additions and changes:

- We have added a section devoted to understanding the knowledge base of the clinical engineering community. This information will allow ACCE to assess the knowledge that is required and utilized to complete job tasks and projects in our careers.
- To reach our global clinical engineering audience, all U.S.-

specific survey questions have been generalized. By doing so, we have ensured that all parts of the survey can be completed by those outside of the United States.

The scoring of the survey has been revised to include two ratings: frequency and importance. The results will provide a better picture of the perceived level of importance of clinical engineering topics and skills, as well as the frequency with which clinical engineers are involved or use the topic or skill.

Currently, the survey is being tested and optimized for use online. We have compiled an extensive distribution list and expect to

have the survey ready and posted later this year. The results will be used to ensure that future certification exams closely match the body of knowledge clinical engineers need to function in their jobs. We believe the results of the new survey will enable ACCE to best assess how clinical engineering is practiced today.

When requested, please take the time to accurately complete this important survey.

Kelly Harris

Body of Knowledge Survey Chairperson

Harris-Kelley@aramark.com

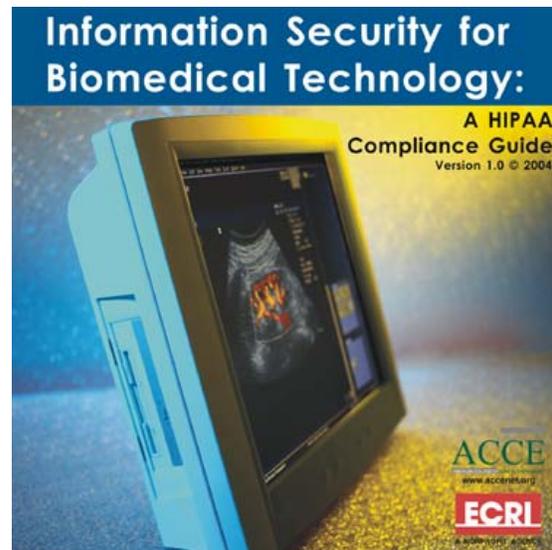
ACCE and ECRI publish new HIPAA CD-ROM \$200 discount for ACCE members!

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.



President continued: ACCE's Success in 2005

have expanded in scope and activities. The *Advocacy Committee* has been involved in relief efforts after the natural disasters in the southern part of United States. The *Professional Practices Committee* has been revitalized and now focuses on putting together professional practice guidelines within the clinical engineering profession. ACCE's strong financial viability and its continued growth led to the formation of the *Strategic Development Committee*. The committee looks to the future while focusing on four core purposes: Advocacy, Representation, Support and Education, supporting the mission of the organization and ensuring the necessary resources needed to accommodate the organization's planned growth. ACCE has been charged with revising the existing Clinical Engineering Body of Knowledge survey which is being finalized by the *Body of Knowledge Committee* and will be available on line to the clinical engineering community. Your participation is very valuable and the results from the survey will be reflected in future clinical engineering certification exams. ACCE continues to work on marketing initiatives for the clinical engineering certification and works with AHTF (ACCE Healthcare Technology Foundation) in promoting the clinical engineering profession.

ACCE strengthened its relationship with the FDA and is now an active member of the FDA Medical Device Industry Coalition (FMDIC), contributing to promoting communication, education and cooperation between the regulators and the regulated industry. The ACCE Advocacy Committee is also involved in providing recommendations on clinical engineering representation on various FDA Advocacy Panels.

ACCE's growth in membership and its diverse activities continues to be supported by the expanded ACCE Secretariat, smoothly facilitating many

of the organization's administrative and clerical services. Over the summer, the organization was also very excited to launch its new and improved website (www.ACCEnet.org). The website provides quick and easy access to ACCE Bylaws, Major Events, Publications, Mall, and more. In the near future, ACCE also plans to use the website for member renewals, new member applications and on-line surveys. The website also contains the latest schedule on the ACCE educational teleconferences.

ACCE has expanded its professional relationships in the international arena. In addition to the successful ACEWs in Jamaica and Colombia and the continued work on the Infratech listserv through ACCE's partnership with PAHO and WHO, ACCE was invited to the HTAi (Healthcare Technology Assessment International) meeting in Rome, Italy in June. ACCE spoke on the *Clinical Engineering's Role in HTA: US Perspective* establishing closer collaboration with the Italian Association of Clinical Engineers (Associazione Italiana Ingegneri Clinici, AIIC) and other international healthcare professionals.

The list goes on with many more unforgettable ACCE accomplishments in 2005. We would not have achieved the success we did if it were not for all your wonderful insights and contributions to ACCE and to the clinical engineering profession. This year the healthcare profession has recognized many of our ACCE members for their dedication and contributions to clinical engineering. I extend my warm congratulations to all.

Also, thanks to the editors of the ACCE News for bringing us the latest and greatest ACCE happenings in all the issues this year, including this one. Please review the articles, major calendar events and more. In January 2006, ACCE is supporting the *Bilingual Pan*

American Health Care Engineering Conference and Clinical/Hospital Engineering Workshop in Long Beach, California (<http://www.pahce.acsup.org>). At the conference, ACCE is presenting a workshop on Clinical and Hospital Engineering focusing on healthcare technology, safety and risk management, regulations and more. Please also check out the opportunities to nominate a colleague for one of the ACCE Advocacy Awards for 2006.

I would like to thank you for a great year with ACCE. I would also like to take a moment and thank the ACCE Board members, committee chairs and the Secretariat. Our organization is getting ready for another exciting year. Stay tuned for the January/February 2006 issue of ACCE News which will focus on the diverse ACCE activities at the HIMSS 2006 Annual Conference and Exhibition in San Diego, California. I welcome your comments and notes of suggestions on how ACCE can continue to serve you and our profession. Please also take a moment and complete the ACCE Annual Membership survey which will be available at the beginning of 2006. Check out all the exciting activities ACCE has to offer and find out how you can become a part of them.

Also, let us not forget all those that have been impacted by the natural disasters in 2005 and those that are still rebuilding their homes.

Wishing You and Your Families Happy Holidays and a very Healthy and Prosperous New Year 2006. Continue the great work on making clinical engineering what it is today and what it will be tomorrow.

Izabella Gieras, President

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ACCE Foundation Report continued from page 3

continue Marv's success as chair of this committee. We are comforted that Marv will still be available for questions and expert guidance and even a great glass of wine should you be in California.

Fundraising: Though the Sarbanes-Oxley compliance provides additional challenges in corporate fundraising Board members have still been successful. Our financial future continues to be strong yet we must work diligently under these guidelines to keep moving ahead. Remember those individual donations are also critical. The support from ACCE members has been tremendous. Any support is greatly appreciated and if you would like more information please visit our website: <http://www.acce-htf.org>

Due to the many projects we are currently undertaking there arose a need to expand our Board. We recently welcomed Jim Keller to our Board in October. Marv's retirement will open another position in January. Many thanks also to Matt Baretich, another former board member, for all his hard work and dedication. The ACCE Healthcare Technology Foundation Executive Board is currently reviewing potential board member candidates. As emphasized in previous updates the Board is at a critical juncture and is looking for "doers" who can help propel the mission forward to the next level.

The ACCE Healthcare Technology Foundation continues to move forward on many projects. We again

would like to thank our supporters and please let us know if you have any questions or an interest in a particular project. We thank you for your support of the Foundation's mission either personally or through your daily contacts. More information is available at our website: <http://www.acce-htf.org>.

Jennifer C. Ott, MSBME

Secretary

secretary@acce-htf.org

Yadin David, PhD, CCE, PE, HCSP
President

president@acce-htf.org

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ACCE Clinical Engineering Certification Study Guide

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:

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

Or e-mail Secretariat@ACCENet.org and include credit card information (name on card, type of card, card number, and expiration date). 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

- January 30 - February 3

Bilingual Pan American Health Care Engineering Conference and Clinical/Hospital Engineering Workshop

Long Beach - Los Angeles, CA

- February 10-12, 2006

Institute of Industrial Engineers, Society of Health Systems Annual Conference

San Diego, CA

- February 12-16, 2006

HIMSS 2006 Annual Conference & Exhibition

San Diego, CA

- February 26 -March 1, 2006

Health Facility Planning, Design & Construction (PDC)

San Diego, CA

- April 1-2, 2006

Northeast Bioengineering Conference
Easton, PA

- June 24-26 2006

AAMI Annual Conference and Expo
Washington DC

- August 31-September 3, 2006

International Conference of the IEEE Engineering in Medicine and Biology Society (EMBS)

New York, NY

- ACCE Teleconference Series:

Stay tuned for the 2006 ACCE Educational Teleconference series. More information will be available in early 2006.

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**Newsletter of the
American College of
Clinical Engineering**

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