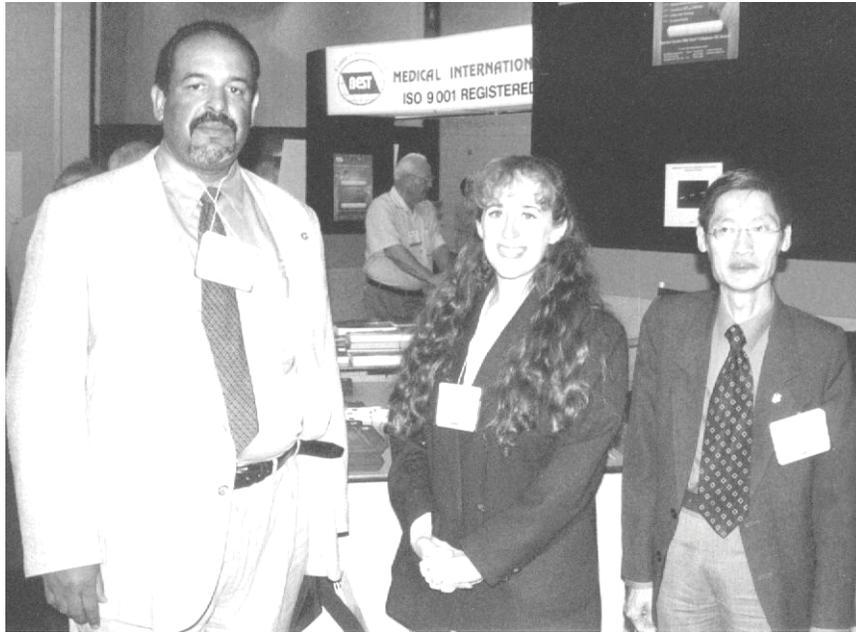


ACCE News

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American College of Clinical Engineering

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ACCE News

21 Bob's Lane

Setauket, NY 11733

ACCE News

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 Web Page

[http:// accenet.org](http://accenet.org)

Editor's new e-mail address:

Dyro@alum.mit.edu

President's Message

Jennifer C. Ott, MSBME, jennifer.ott@tenetstl.com

Given the current weather in St. Louis, 98° with 95% humidity, you would think summer will never end! As a former resident of cooler climates it is pretty unbearable, however, I am sure it will change, fall will begin, everyone will be back to the grindstone. Speaking of grindstones, ACCE is also back at work after a brief summer hiatus. Everyone with e-mail addresses should have received a copy of the membership survey. Mailed copies are forthcoming for those without e-mail or whose e-mail address is not current. Please complete ASAP and provide us your feedback. We hope to utilize this survey to better meet your needs.

ACCE as an organization is trying to maintain member contact via e-mail and other electronic methods so if you have e-mail please be sure our Secretary Caroline Campbell has the latest and most current address. We are pursuing electronic newsletters, strategic mailings, and most importantly a member-only website section. Bruce Morgan, our Webmaster, has been hard at work updating the site. Take some time to check it out <http://accenet.org>. If you have any further suggestions please contact Bruce at jmorgan@ibm.net. Those with e-mail addressed should have received an e-mail with your username and password so you can access the member only section.

Our election results were unanimous! Welcome aboard Elliot Sloane as the Internal Affairs Vice President and Ray Zambuto as the External Affairs Vice President. Welcome back Caroline Campbell as Secretary, Henry Montenegro as Treasurer, Joe McClain as Member at Large, and myself! Continuity is wonderful and fresh blood a necessity.

I would like to extend an invitation to all members to contact me with concerns, questions, and offers to participate further in ACCE. We have some unique opportunities this year and I really look forward to working with more members in assuring the mission of ACCE meets our member's needs.



Jennifer Ott

The ACCE Board

President	Jennifer C. Ott
First Vice-President	Elliot Sloane
Second Vice-President	Raymond Zambuto
Secretary	Caroline Campbell
Treasurer	Henry Montenegro
Member-at-Large	Joseph McClain
Member-at-Large	Ted Cohen
Member-at-Large	Vinnie DeFrancesco
Member-at-Large	Gary Evans
Past President	Robert Morris

Committee Chairmen

Advocacy	Thomas O'Dea
Membership	Kelly Galanopoulos
Public Affairs	Wayne Morse
ICC Liaison	Frank Painter
Nominations	Robert Morris
Education	James O. Wear
International	J. Sam Miller
AAMI Liaison	Elliot Sloane

ACCE News

ACCE News

ACCE News is the official newsletter of the American College of Clinical Engineering (ACCE).

ACCE News is a benefit of ACCE membership; nonmembers may subscribe for \$50. To subscribe call (631) 751-7244.

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investigate unlawful practices by medical device manufacturers, most of them in the imaging or x-ray field and lasers, and why the FDA does not enforce their own regulations, 21CFR, against manufacturers who choose to violate the FDA laws.

Tom Quinn has been at the front of this activity and should be commended for it. He needs the help of all of us that have a stake in this matter. We can start by sending letters to Senator Specter and your United States Senators voicing your concerns and requesting to open congressional hearings.

The FDA has in place 21CFR, which mandates that, all software, instructions, and test devices necessary for assembly, installation, adjustment, and testing (AITA) for X-ray equipment and service instructions for lasers be made available at the cost of publication and distribution. Installation instructions for all other installable devices must be provided to all installers and users at the time of installation.

Clinical/Biomedical/Radiology Engineers and other service providers have seen the large amounts of money that health care providers pay large corporations for needed medical equipment and the exorbitant maintenance costs that follow. Maintenance costs could be reduced if service documentation, software and error code explanations were made available at reasonable cost, as required by 21CFR.

Manufacturers engage in this withholding of vital safety information and tools to enhance their own financial position. The reasons for this have only to do with the financial profits these companies make, and hope to continue. But this profit is blatantly at the expense of the American public, in the form of higher healthcare costs to support the outrageous service contracts that these companies can sell, because of the artificially inflated cost of software and service tools.

The bottom line is:

- The FDA is responsible for radiation devices and safety in the health-care system. FDA regulation requires manufacturers of X-Ray and laser equipment to document their equipment such that it could be calibrated and maintained to ensure proper operation.
- Attempts to purchase the required documentation on X-Ray and laser systems by many hospitals and third parties have been unsuccessful.
- Manufacturers frequently claim that information is proprietary, and cannot be provided. Some require expensive licensing fees.
- The FDA hopes that manufacturers comply, but it seems like the FDA does not want to get involved in any lawsuits or in the enforcement of their own regulations under CFR21 against the large manufacturers.
- The cost of providing this documentation has never been cheaper. What reason can the manufacturers have for not providing the documentation, other than to deny the health-care providers any service options?
- Health-care providers are required to maintain their equipment and the FDA does enforce this part of the law on healthcare providers. However the FDA does not enforce requiring manufacturers to document and provide how this should be done? Is this fair? Are big manufacturers influencing the

Letters

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The Wonderful Web

Editor -- Thank you very much! The newsletter in Acrobat format is wonderful!

Craig Bakuzonis, BAKUZ@shands.ufl.edu

Certification

Editor -- I saw your letter with regard to the ACCE versus AAMI and I must tell you that I see the value of certification of engineers and running the operation the way the ACCE does. Hope you win this one.

Selwyn Davidowitz, Cape Town, SA

The Editor encourages readers to express their views by way of letters that might be printed here for the benefit of the readership. He also likes to get mail.

Withholding Service Information

Summary of FDA/CDRH 21CFR Issue: Large Manufacturers Withhold Key Service Information

Henry Montenegro, mhmont@ihswpb.com

Large companies have always had a strong influence over Washington. The FDA/CDRH is not exempt from it. There is momentum building up to open congressional hearings to

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FDA's actions?

- There are no market incentives for manufacturers to provide quality assurance capabilities to health-care providers. They would prefer that the FDA force healthcare providers to use the OEM's (at OEM rates) to do this.

International Advisors: Good Will or a Market Bubble

Enrico Nunziata, engbio.botte@nextra.at

I wanted to start this article with a definition from a friend of mine but I thought that a good laugh might help us:

One day a farmer was herding his many sheep along a road, when along came a flashy sports car driven by a young man, dressed in Hugo Boss shirt, Rolex watch, Nike shoes, etc. The young man said to the farmer "If I can guess how many sheep you have will you give me one of them?" The farmer looked at the young man, gazed at the many sheep feeding in the sun and replied "Yes, that is a deal".

The young man went back to his car, hooked up his laptop to his satellite telephone, connected to the Internet, logged on to NASA, identified the geographical area, generated a data bank, some 50 Excel graphics full of matrices and determinants, as well as a 150 page report duly printed on his high tech infra red portable printer. He turned around to the farmer and said: "You have 1,343 sheep out there".

The farmer replied "You have got it absolutely right, you may take your animal now".

The young man picked up the animal and put it in the back seat of his flashy sports car.

At this stage the farmer said: "If I guess your occupation will you give me my animal back?" The young man replied: "Yes, deal".

The farmer said quickly, without hesitation or much thinking: "You are a consultant, are you not?"

The young man was surprised and said: "Yes, you are correct, but how did you guess?"

"Easy", said the farmer:

- "1. You came here without being requested or called.*
- 2. You have generated tons of useless reports.*
- 3. You have charged me one sheep to tell me what I already knew.*
- 4. You know nothing about my business as you took my dog instead of a sheep."*

This other friend of mine, an anthropologist, defines an international consultant as:

- Nobody asked him to come;
- Nobody asked him to help;
- Nobody asked him to show how things should be done.

Maybe all this sounds a little too exaggerated but I do believe that there is plenty of truth in both of the above stories. May I started saying that we all need to read this article from the angle of bringing improvement into our work as consultant and not in a degenerative way, after all I am an international

advisor as well and I make my living out of it, nevertheless, I am asking myself, all the time, if I have the technical and cultural status to be one. Some years ago, I was the sole advisor in Health Technology (since apparently there was no other similar competence in the country) of the Minister of Health of a small Central American Country. I have to admit I did not realize the full power and responsibilities I had in my hand. Then, I was a young fellow plenty of idealistic ideas and with the irresponsibility of the youth. Now, after those years, I moved on, I worked in different areas and in different situations. Finally, in the last three years I "helped" (with the collaboration of some colleagues) to shape the new course of the Maintenance System of an African Country. It took some time to get accepted by the system and then, once I was within it I was respected as a knowledgeable help even if I had in some cases good constructive discussion with some of the counterparts. However, my position has been always a privileged one and my background as a foreigner in a country whose culture and history I know with major lacks made me think that I might not have always give the best advise for the country. Moreover, sometimes the bilateral donors who sponsored me could have put some pressure on the beneficiary in case they did not implement our "wish".

This last aspect is well described in a book titled "Health Policy, an introduction to Process and Power" by Gill Walt (Witwaterstand University Press, Johannesburg, distributed by Zed Books, London www.zedbooks.com), where there is an interesting chapter and many paragraphs, throughout the all book, dedicated to the immense power multilateral and bilateral donors have along with they advisors.

Things have been changed lately quite considerably and beneficiaries are questioning more and more about the real value of the proposed assistantship, but it is also true that we do not have any way of evaluating each other and there are no institutions who provide with basic courses or continuing education courses on how an international consultants in Clinical Engineering should operate.

During the last years a lot of initiatives have been started in order to facilitate and maintain contact among international consultants (an example is the "INFRATECH" mail list sponsored by WHO hosted by PAHO and managed by ACCE) in order to help technical and managerial improvement via exchange, but I still feel we need more. Surely, we need personal humility and respect for the country we are working in and we need to try to understand the social and cultural factors influencing the day to day life even if this some times do not go along with our project goals. On the other hand, we should keep improving our technical expertise and not sit on the allure of our status in order to avoid being a market bubble but a sound investment for those who trust us. We also should be able to communicate more with each other since sharing our initiatives and good as well as bad experiences will allow diminishing future mistakes.

Meetings

INFRATECH

Al Jakniunas, AJakniunas@huhosp.org

July 23, 2000, during the World Congress on Medical Physics and Biomedical Engineering in Chicago, a mid-term meeting was held to review INFRATECH activities. The meeting was open to the steering committee group and to all 24 participants of the Advanced Clinical Engineering Workshop being held at that time. A summary of INFRATECH and a review of the objectives and goals established in November 1999 was made including the terms of reference and activities for the Coordinator as well as WHO and PAHO activities. The following five points concerning INFRATECH were explained:

- ❑ INFRATECH is a mechanism for exchange information globally
- ❑ WHO is giving technical and financial input (Andrei Issakov)
- ❑ PAHO hosts the listserv and provides technical input (Antonio Hernandez)
- ❑ ACCE is coordinating the listserv (Alfred Jakniunas)
- ❑ We are one year in operation

Al Jakniunas, INFRATECH coordinator gave his report, relating activities to the goals of INFRATECH. He highlighted the following:

- ❑ INFRATECH has 91 members from 35 countries
- ❑ When a person subscribes to the list, a form is sent to collect the personal information

- ❑ The INFRATECH membership database. It is not for public distribution
- ❑ Some feel that INFRATECH is dormant
- ❑ Improvements in INFRATECH are needed
- ❑ A need to include experts in INFRATECH was identified
- ❑ Our expectation is to provide reference publications, bibliography, links to web sites and reports of consultants traveling to different countries
- ❑ The coordinator has an INFRATECH email that will allow better operation
- ❑ A brochure of INFRATECH and how to subscribe was prepared and distributed.

CONCLUSIONS

- ❑ All parties, ACCE, WHO and PAHO, have completed the activities as scheduled. The projection is to complete the objectives at the end of the year.
- ❑ ACCE will continue coordinating INFRATECH, will prepare an end-of-the-year report, and will prepare new terms of reference for 2001-2002.
- ❑ PAHO will continue providing information technology support, maintenance of the listserv, and technical support to the coordinator.
- ❑ WHO will continue sponsoring INFRATECH and will provide financial support for the program in 2001-2002.
- ❑ The participants agree to sending email comments to the Coordinator

for improvement of the operation of INFRATECH.

- ❑ The Coordinator will request to the members of the list that if a document is sent in a language different than English, to indicate this in the subject and accompany the document or message with a summary in English.
- ❑ The floor raised the issue of moving INFRATECH to the next step. The next step would be establishing a web site. PAHO stated that its intent was to continue the support for the listserv group only. Another source of support should be located for the next step development.
- ❑ There was unanimous consensus among the participants of the great benefit of INFRATECH, the work done to put in place and the remarkable work of the volunteers responsible for the operation.

Also there was a consensus from the floor that INFRATECH should continue operation.

SOMIB

Clinical Engineering is Advancing Well in Mexico

Binseng Wang, binseng@voicenet.com

While I was in Mexico City doing an evaluation of healthcare equipment projects for the Mexican Institute of Social Security (IMSS), I was invited to give a talk to the Mexican Society of Biomedical Engineering (SOMIB). This happened on the evening of Wednesday,

ACCE News

8/9/00, and approximately 35 members of SOMIB were present. Among the participants were Dr. Héctor Brust, a Director of the Ministry of Health, Dr. Manuel Gómez Portugal, a Director of IMSS, Ms. Lourdes Gutierrez, a Director of the private Angeles hospital group, Andra Rocha and three technicians from the National Cancer Institute, Ana Bertha Pimentel, Ricardo Rodríguez and three engineers from the National Respiratory Diseases Institute, Josefina Gutierrez and 3 engineers from the New National Rehabilitation Center, Jorge Amaya of the Panamerican University, Fabiola Martinez from the UAMI University, Gabriela Servín from Hospital de México, and Adriana González from Hospital Gea González.

First I made a presentation on the Inclusion Criteria for Medical Equipment Management Plan and then I spoke about MEDIQ/PRN's Quality Assurance Program. Afterwards, the audience and I had a very interesting and frank conversation about the difficulties the Mexican clinical engineers face in their daily work.

Apparently the public sector has some clinical engineers but it is struggling to keep them due to low salaries and the lack of a career structure. On the other hand, private hospitals are growing in Mexico and are eager to hire clinical engineers. Many clinical engineers are also working for equipment distributors in sales and service. This high demand is being met

by training more clinical engineers in their universities and certifying them through SOMIB (with ICC's approval). It was rather rewarding to see some of the former participants of the ACCE workshops leading this advancement. Adriana Velázquez is currently the president of SOMIB and chair of ICC. Roberto Ayala is a manager with Hospital Angeles de las Lomas. A number of other participants of workshops are occupying important positions in public and private hospitals. The high caliber of people and their enthusiasm is truly impressive.

Now that Mexico's economy is growing and a new president is about to take office, I had the impression from the Mexicans with whom I had contact that that country is going to develop itself rapidly. Certainly, clinical engineering is going to grow well there.

ACEW Chicago

The 10th Advanced Clinical Engineering Workshop (ACEW) was held in Chicago, Illinois, July 21-23, 2000. Frank Painter was ACEW coordinator. Antonio Hernández, Pan-American Health Organization, and Andrei Issakov, World Health Organization, assisted and supported ACCE to make the Workshop a success. Participants and faculty included the following: Alfred Jakniunas, USA; Rimantas Batakys, Lithuania; Muditha Jayatilaka, Sri Lanka; Momade

Sumalgy, Mozambique; Moises Ernesto, Mozambique; Enrico Nunziata, Mozambique; Juliette Cook, Republic of Vanuatu; M. Murengezi, Uganda; S Yankap Kwankam, Cameroon; Susana Llanusa Ruiz, Cuba; Jorge Castro Medina, Cuba; Dulce Maria Martinez, Cuba; Uldis Jaspers, Latvia; Siim Aid, Estonia; Adriana Velazquez, México; Sandra Rocha, México; Ricardo Silva, Venezuela; Jmant Ngaleu Toko, Cameroon; Boris Dimitrov, Kyrgyz Republic, and Oleg SherFarib Kodyrov, Russia.

Anyone interested in more details of the ACEW in Chicago may contact Frank Painter, frpainter@earthlink.net.

Errata

Page 9 of the July issue of the *ACCE News* carries a short article on the contributions ACCE members made to obtaining new telemetry frequencies. The editor wishes to express his apologies for omitting mention of one the members of that group.

ACCE member Paul Sherman, is on the group as the Dept. of Veterans Affairs representative. Paul has been active since the inception of the group. Paul is Biomedical Engineer at the VA National Engineering Service Center, St. Louis, MO, and may be contacted at Paul.Sherman@med.va.gov.

On the Move and In the News

Brito Produces in Brazil

Lúcio Flávio sent news recently of several outstanding developments in Brazil. In addition to adding a son to his family, Lúcio co-authored with his brother Tales Rogério de Magalhães

Brito, and Celio Buganz the text, *Segurança Aplicada às Instalações Hospitalares (Hospital Equipment Safety)* published by Senac. Brito, among the participants in the first Advanced Clinical Engineering

Workshop (ACEW) in 1991, thanks all of the ACEW instructors for enabling and inspiring him to advance clinical engineering in Brazil. He considers that the book is a product of the effort the ACEW

instructors expended in teaching him and his colleagues. He recollected that six Brazilian colleagues were also at that first ACEW: Gerson Machado, Augusto de Melo, Zigmar Gesler, Décio Pinheiro, Marcial Martins, and Paulo Palombo. Five of that group are now actively involved in clinical engineering, some in hospitals, some in medical device companies.

Brito reports that his company Clinical Engineering Limited, is growing successfully thanks to the concepts instilled by the ACEW. The company consults for departments in small- and medium-sized hospitals responsible for diagnostic and therapeutic devices. He specializes in combining both clinical engineering and hospital engineering into one entity and enjoys both the technical and managerial challenges his work presents.

ACCE New Members

The ACCE Board recently approved the following new members:

- Ihor Stupnytsky
- Tony Easty
- Joshua Tsitlik
- M. Christina Demur
- Jay Goldberg
- Gordon Jacobs
- Mariana Glouhova

Congratulations!

George in Belize

George Johnston,
johnstog@hotmail.com

I have a little more time (lunch time) today. I'm at three PAHO offices using their network connection rather than Belize's VERY EXPENSIVE service. I'm attaching a couple of pictures for your social as well as professional enjoyment. As I said in an earlier email, my wife, Arlene, and I were stranded for a week in Cancun because of hurricane Keith before we could continue to Belize. The photograph below of Arlene at poolside provides evidence of the hardships we endured during that week.

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The following picture shows me finally at work with some of students in the Belize program. Although going back to the basics of electronics has forced me to work through a lot of cobwebs, I am really enjoying this, particularly since this time I have some enthusiastic students who are really good.



Dyro Handbook of Clinical Engineering Editor-in-Chief

Dr. Joseph F. Dyro is Editor-in-Chief of the *Handbook of Clinical Engineering* to be published by Academic Press. The *Handbook* is one in a series of handbooks beginning with Bronzino's *Handbook of Biomedical Engineering*. The *Handbook of Clinical*

Engineering will cover all facets of clinical engineering and will serve as an indispensable reference for the student, educator and practitioner. For more information on the Handbook including the complete Table of Contents, go to www.dyro.org.

Wang a Fellow

Binseng Wang has been elevated to the status of ACCE Fellow. This membership category is reserved for ACCE members who have distinguished themselves through extraordinary achievement in the field of clinical engineering. Binseng, a long-time member of ACCE, has been active on the Board and in Committee work. He is particularly adept at promoting clinical engineering worldwide.

Board Elected

The voting for the ACCE officers and board resulted in the following elections:

President
Jennifer Ott

Internal Affairs Vice President
Elliot Sloane

External Affairs Vice President
Ray Zambuto

Secretary
Caroline Campbell

Treasurer
Henry Montenegro

Member at Large
Joe McClain

Congratulations!

ACCE News

THE VIEW FROM THE PENALTY BOX *David Harrington, davesbt@kersur.net*

Well summer is over, the Baseball season is winding down, football is in full swing, teams are back on the ice getting ready for the upcoming season and we have a new budget year about to start. This is the time of the year when clinical engineers have to become good money managers in-order to use the present budget and not dip into the new budget to cover costs. Too many of us have said we can dip into the new budget for this expense and we can make it up during the year only to find that we never make it up. Every dollar is important and how we manage those dollars will effect our careers. You can be the greatest clinical engineer alive, have fantastic skills in application of devices to clinical situations but blow the budget and you will be looking for a new position. Unfortunately money drives healthcare and if you forget that you will become a “consultant” who used to be employed in a hospital.

One of the hidden costs that many of us have overlooked in the past is the travel charges that come with time and material service calls. In one case that I saw the service tech was called in to service three devices and he tried to charge for travel time on each device. On another occasion the tech did not have the parts needed and had to come back the follow day with another travel charge. In a third case the tech was about five blocks away at another hospital and put in for three hours of travel. While all of these were caught and deleted I wonder how many of these I missed over the years? In two out of three of these overcharges the company never got another purchase order for new devices from that hospital. The salesperson and sales managers were told in very direct terms that the reason that they did not get the next sale was that their service costs and policies were not acceptable to the hospital. We as clinical engineers have to consider service costs on all new purchases. The best way to do that is to closely review the present service costs for that companies products. A red flag for me was when the company had a charge for questions to their help desk. When that happened that company went to the bottom of the list for potential source of the next purchase.

We all know that repair parts are expensive but sometimes we forget to check secondary sources for those

parts. One company was charging \$1.50 for an “O” ring that was \$0.11 at the local hardware store. Another company wanted over \$900.00 for a hard drive that could be found at a computer store for under \$300.00. We should never accept any charge from any source at face value. Even the internal charges from the hospital are often inflated. We need to check all charges and consider all charges as part of the total equipment support budget for the hospital.

With the up coming elections we will hear all sorts of proposals on healthcare and how it is financed. It will be interesting to see if anything changes in the system. But I doubt it. Just being involved with local issues on healthcare has opened my eyes to how those involved think. Their functions are always the most needed and efficient and all the others are not as needed or as efficient. In other words make changes to someone else’s programs. If it is this difficult locally to make a change it must be close to impossible on a national scale. Maybe if the problem were looked at as an engineering problem instead of a political/financial/ego problem something could be done.



ACCE Board Meeting Highlights

August 24, 2000

Present: Jennifer Ott, Elliot Sloane, Caroline Campbell, Henry Montenegro, Frank Painter, Dave Bell for Kelly Galanopoulos, Bruce Morgan, Joe Dyro, Bob Morris, Brian Porras, Bryanne Patail, Jim Wear, Tom O'Dea

New Board members were voted in & approved by the Board.

President's Report (Jennifer Ott)

The Secretariat Proposal has been sent to Elliot Sloane for review & prioritization of task migration. The relationship with Morse Medical must also dissolved prior to transitioning tasks to the secretariat. Land's End will charge \$85 to initially produce the ACCE logo. Orders to include the logo will be charged at the cost of the item plus \$5.60 for the application of the logo. Articles containing the logo can only be produced in batches of 6 items; therefore orders will require some coordination possibly through the secretariat. In order to enter this agreement with Land's End, ACCE must dissolve its relationship with Morse Medical. An AIMBE meeting was held in July in Chicago. Al Jaknunas attended on behalf of ACCE. The AIMBE Council of Societies expressed an interest in ACCE's role in the medical errors issue. The President took part in a discussion with FDA staffers to explore the potential for future collaborations with ACCE. Nominations for FDA Medical Device Panels & Committees are pending. Marv Shepherd and Joe Dyro agreed to share responsibility to maintain FDA contact. Carelift International approached ACCE for assistance. Carelift is attempting to establish one or two centers in Eastern Europe called Regional Health & Technology Training Institutes. The Board reviewed the Medical Errors white paper and will have further discussion concerning publishing of the paper next week.

Outgoing First Vice President's Report (Brian Porras)

Preliminary results from the membership survey distributed at the annual membership meeting were presented. The survey will be distributed next week to all members. The Root Cause Analysis Task Force looking at both demand & supply side of clinical engineering.

Incoming First Vice President's Report (Elliot Sloane)

Website Update - Elliot will support the website during the 6 weeks or so that it takes for Bruce Morgan to relocate to the west coast. Elliot will assist in the creation of a clinical engineer speaker history.

Past President (Bob Morris) is reviewing the bylaws for needed revision. Bob asks that the Board provide recommendations for recommended revisions, *i.e.* Board Oversight of Committees.

All Committee Chairs have agreed to the guidelines for Committee Chair attendance at Board meetings that was distributed via e-mail. Elliot will develop of list of Committees, their membership, and VP oversight with Ray. Caroline to develop guidelines for attendance of Committee Chairs at Board Meetings into a policy for Jennifer's signature.

Outgoing Second Vice President's Report (Brian Porras) Discussion concerning ACCE Symposium 2001 has taken place with Shirley Nycum & Kathy Warye of AAMI.

Incoming Second Vice President's Report (Jennifer Ott for Raymond Zambuto) Medical World has decided to return to their roots & concentrate their efforts on databases and business elements, rather than practical aspects of medical technology management. Therefore, HealthTech 2001 program will not have a clinical engineering track as in the past. This will impact the FY01 budget as a loss of revenue. Medical World will continue to provide ACCE with booth space and a meeting room but will not provide a member rebate to ACCE as before. Members will still get a \$100 registration discount for those attending the full conference. Ray is working with AAMI on formalizing the relationship between ACCE and AAMI for the ACCE Symposium 2001. HIPPA has been chosen as the topic and it will be coordinated with the information technology (IT) track that Elliot is co-chairing. AAMI will continue to sponsor a speaker lunch for the Symposium and provide meeting space for the Board and membership meetings. AAMI will not be running tracks as in the past in response to scheduling conflict concerns. AAMI would like ACCE to participate in a broader partnership agreement. AAMI has agreed to list ACCE as a partner & display the ACCE logo on conference & marketing materials & provide complementary booth space. ACCE will need to sign a non-disclosure agreement, provide a representative for AAMI's Planning Committee & agree to promote AAMI via distribution of brochures & other information and by placing camera-ready news copy in the *ACCE News*. ACCE will also need to agree not to bring in their own meeting sponsors and will provide AAMI with a membership listing so that members may receive a registration discount. Ray has also been corresponding with Shirley Nycum concerning co-sponsorship of AAMI telemetry teleconference.

ACTION ITEM: *Ray to develop an AAMI action plan so the we do not disrupt the many projects we currently work with them on. Ray to convene a group to meet with Kathy and finalize partnership agreement. Ray to convene group to include Jim Wear or Al Levenson regarding AAMI telemetry teleconference series.*

Secretary's Report (Caroline Campbell) The membership directory for 2000 will be developed following receipt of membership survey results regarding preferred method of communication.

Treasurer's Report (Henry Montenegro)

The Board needs to be careful not to spend receivables that have not yet been paid. Henry will price Directors' & Officers' Insurance.

CCE Committee's Report (Frank Painter) A response to Bill Betts' letter concerning necessary content in ACCE's certification proposal was developed and reviewed by the Board. The Board provided feedback for further revision prior to submittal to AAMI. ACCE will go ahead and begin implementing the proposal in anticipation of needing to complete the tasks in partnership with either AAMI or ASHE. Frank will contact ASHE for an update on their progress.

ACTION ITEM: *The CCE Committee will investigate the cost of acquiring the trademark CCE. The Committee will take points from Board back to modify proposal before submittal. The Board unanimously approved the proposal following incorporation of these changes.*

ACCE News

Membership Committee's Report (Dave Bell for Kelly Galanopoulos)

The Membership Committee needs to develop a policy for reinstatement of members who have let their dues lapse and then later to become active in ACCE. This should include whether or not to provide missed copies of the newsletter, duplicate pins, certificates, etc.

ACTION ITEM: The Membership Committee will revise the membership application to include checkbox indicating membership status desired. The form will be approved by the Board and distributed to members, newsletter editor, and webmaster. The Membership Committee will review the membership statuses and make recommended changes to the Board. The Membership Committee will explore a potential expansion of duties to include following up with lapsed members.

The Membership Committee recommends that Binseng Wang be upgraded to fellow and that the following memberships be recognized: Individual - Ihor Stupnytsky, Tony Easty, Joshua Tsitlik, M. Christina Demur; Associate - Jay Goldberg, Gordon Jacobs; and Candidate - Mariana Glouhova

The Committee's recommendations were approved by the Board.

Education Committee's Report (Jim Wear)

WHO's request for ACEW curriculum development: First draft of curriculum is anticipated to be complete by the end of September and will be provided to WHO only after receipt of first payment. Al Levenson is coordinating and managing the 2000 Teleconference Series. Currently, there is no speaker presentation for the Medicare/Medicaid teleconference in December. AAMI is looking at series of teleconferences with ACCE.

Advocacy Committee's Report (Tom O'Dea)

Tom worked at the medical errors symposium at the World Congress to convince audience that clinical engineers should be included in addressing this issue. Tom is working with George Johnston on developing a history of clinical engineering. Tom will work on national clinical engineering week.

International Committee's Report (Jennifer Ott for Tom Judd)

ACEW update: Preparations for an ACEW in conjunction with the Latin American Congress in Cuba are in progress. In addition, Tobey Clark is organizing the ACEW in Lithuania and Ira Tackel is organizing the one in Panama. Both are scheduled for this fall. The International Committee will work with Bruce Morgan to develop an international page for the ACCE website. The International Committee has agreed to oversight of ACEW, but the Education Committee also needs to be kept abreast of activities. According to ACCE's contract with WHO, ACCE should have received payment of \$2,500 upon signature of agreement for ACEW Syllabus. PAHO/Infratech Contract: Infratech met in July in conjunction with the World Congress. Discussions took place concerning improvements in Infratech. Infratech has agreed to sponsor the 2 databases (membership & events calendar) for

another 6 months but other sponsors are needed to extend this into 2001 & 2002.

Dues sponsorship program: 19 memberships have been sponsored.

Newsletter Report (Joe Dyro)

First electronic version was tried on Joe's personal website, www.dyro.org, as an experiment with good response from selected members that were notified.

Other Activities:

Handbook of Clinical Engineering: Joe Dyro is revising the proposed table of contents & then will send official requests to authors. Anticipate project will be finished in about 14 months.

Website: The domain name has been renewed for 5 years. A members only section has been developed and members have been individually notified how to access this section. Bruce would like to develop capability for members to update their contact information on-line. E-commerce issues were discussed.

The *World Congress Clinical Engineering* track at the 2000 went well. The ACEW held immediately prior to the World Congress resulted in a profit.

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Calendar of Events

- Third Annual BEACON Symposium, Oct. 27, 2000, Farmington, CT. 860-297-5364, Jane.mussehl@mail.trincoll.edu.
- EPSM 2000 – Annual Medical Physics and Biomedical Engineering Conference, Nov. 5-9, 2000, Newcastle, Australia. <http://www.newcastle.edu.au/department/ph/epsm2000.html>.
- IEEE EMBS Third International Conference on Information Technology Applications in Biomedicine – ITAB '00, Nov. 9-10, 2000, Washington, DC, Swamy Laxminarayan, 201-228-7068/7021, 201-363-8986 fax, s.n.laxminarayan@ieee.org.
- 10th International Conference on Biomedical Engineering, Dec. 6-9, 2000, Singapore. <http://www.nus.edu.sg/DB/icbme/>.
- International Conference on Biomedical Engineering (ICBME - 2001), January 24-26, 2001, Anna University, Chennai, India. Dr.G.Ravindran, 91 - 44 - 2351723 x-3169, raviguru@annauniv.edu, www.annauniv.edu/bme.
- AIMBE 10th Annual Event, Health Care in the New Millennium: Merging Biology, Information Technology and Engineering, March 1-3, 2001, Washington, DC. www.aimbe.org.
- ACEW 2001, Kathmandu, Nepal, April 9-13, 2001. Contact James Wear at wearjam@lrn.va.gov.
- HealthTech 2001, April 22-25, 2001, Cleveland, Ohio, www.healthtechnect.com/HT2001/SPEAKAPP.html
- II Congreso Latinoamericano de Ingenieria Biomédica, Mayo 23-27, 2001, La Habana, Cuba, www.hab2001.sld.cu.
- 4th Annual ACCE Symposium, Healthcare Insurance Portability and Accountability Act (HIPAA), June 9, 2001, education@aami.org.
- AAMI Annual Conference, June 9-13, 2001, Baltimore, MD, education@aami.org.
- Medical Physics, June 18, 2001, Moscow, Russia. www.medphys2001-msu.ru.
- 23rd Annual International Conf. of the IEEE Engineering in Medicine and Biology Society, Oct. 25-28, 2001. Istanbul, Turkey.

Clinical Engineer Wanted

Beaumont Services Company, L.L.C., located in a northern suburb of Detroit, is an exciting new venture owned by nationally renowned William Beaumont Hospital and ReSourcing Services Group. Beaumont Services is a company of highly skilled professionals responsible for creating and maintaining the environments within a healthcare facility by providing facilities, engineering, and construction management services. Our company believes that people are the key to technical excellence. We currently have an opening for a talented Clinical Engineer who shares this philosophy.

Duties and Responsibilities:

- Supports healthcare professionals in the safe and effective use of medical devices in the diagnosis and treatment of patients
- Provides technical consultation including pre-purchase technical evaluation/justification, clinical applications problems, investigations of incidents, and pre-FDA approved device recommendations
- Coordinates clinical trials on new products and participates in design of new patient care facilities
- Supports, integrates and coordinates the components of Technology Management, which includes Equipment Management, Risk Management and Process Improvement
- Develops/scores Requests for Proposals and solves systems problems related to medical equipment
- Specifies and recommends the purchase of new medical equipment and devices
- Develop department procedures and represent department in meetings
- Design and construct custom medical devices for patient diagnosis and research

Qualifications:

5-years experience as a Clinical Engineer. Strong interpersonal skills with ability to effectively interface with personnel in medical profession, Administration, Legal, Purchasing, and outside vendors with patience and establishing rapport. High degree of technical and analytical skill. Team oriented open communicator. Autonomous decision making skill, ability to prioritize. Bachelors Degree in Biomedical, Electrical, Mechanical, or any biological science, Masters Degree in Biomedical Engineering or any engineering that includes Physiology.

We offer excellent benefits, including pension plan, 401K, bonus opportunity, and relocation assistance. Forward resume' to: Beaumont Services Company, LLC, HR ABW112 LL, 3601 W 13 Mile Rd, Royal Oak, MI 48073, or fax to: 248-551-9187, or e-mail to: moreinfo@bsc-rscservices.com.

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ACCE Annual Symposium

Healthcare Insurance Portability and Accountability Act (HIPAA)

HIPAA federal regulations require healthcare providers to protect the privacy and security of individually identifiable healthcare information. When the final rules are published, they will affect virtually all high technology in healthcare and impact many departments, including Clinical Engineering.

The Symposium will give an understanding of what HIPAA is, its impact, and how to formulate a plan to deal with it. The Symposium is presented by ACCE as a part of the AAMI 2001 Conference & Expo in Baltimore.