

# ACCE News

Newsletter of the American College of Clinical Engineering

January - February 2018

Volume 28 Issue 1



**Call for  
Nominations!  
CE Hall of Fame**  
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## President's Message



Greetings from California! Happy New Year to the membership. I hope all of you had a joyous holiday with family and friends.

Let me take a moment to reflect on the 2017 natural disasters (storms, hurricanes, fires, floods, mud slides, and extreme heat/cold) that impacted some of us personally and the healthcare institutions that we support. According to the National Oceanic and Atmospheric Administration (NOAA), “...During 2017, the US experienced a historic year of weather and climate disasters...More notable than the frequency of these events is the cumulative cost, which exceeds \$300 billion in 2017 – a new US annual record”.<sup>1</sup> These disasters have brought unique challenges to the healthcare facilities which may get flooded or experience a blackout or get threatened by fires or have access issues due to road closures.

Only a few weeks ago, I could not reach a campus in my health care facility due to the closure of a major freeway in Los Angeles due to fires. These disasters remind all of us to review and update the Emergency Management plans, particularly related to medical equipment use. The January 2018 issue of the Joint Commission's EC News had an informative article titled “Knowledge from Experience: Texas hospital share post-hurricane insights.” Although the article is unique to the challenges faced by the Texas hospitals, the theme in general is instructive on general disaster preparedness and response. Also, another useful guidance document is the US Centers of Medicare and Medicaid Services (CMS) Final Rule on Emergency Preparedness<sup>2</sup>.

The ACCE Board and the committees have been working hard in planning a busy and exciting 2018 for the membership. I am looking forward to meeting the members at the upcoming conferences including HIMSS 18 in Las Vegas in March and AAMI 18 in Long Beach in June. ACCE is an official collaborator of HIMSS 18 and will be participating in important activities (see the ACCE News and website calendar for details). ACCE is also a contributing organization for AAMI 18, where many of our members will be either speaking or leading educational sessions. Like previous years, ACCE is presenting the Clinical Engineering Symposium. It is titled “Managing and Securing Medical Devices in the Home and Non-Traditional Environments.”

I am asking the ACCE members to join in my “call to action”<sup>3</sup> to get more involved in the educational activities that supports the next generation of Clinical Engineering/HTM professionals. Based on some e-mail discussions between Ted Cohen, ACCE News co-editor, Frank Painter and I, here are some more thoughts on supporting these educational activities. The University of Connecticut's Clinical Engineering (UConn CE) program offers an excellent educational program for those aspiring to become Clinical Engineers. The program's success is dependent on the strong internship partnerships with the local and national hospitals, which offer the aspiring Clinical Engineers opportunities to learn and be mentored by experienced Clinical Engineers. Professor Frank Painter, who has been running the program for many years, needs someone who could help him in running the program. I urge all who are interested in working on this terrific program to contact Professor Painter at [frpainter@gmail.com](mailto:frpainter@gmail.com).

There is also a growing need to start a few more academic Clinical Engineering programs in the US that could be based on the UConn CE model. ACCE members should explore the possibility of

*(Continued on page 2)*

# President's Message (Continued)

(Continued from page 1)

assisting in this endeavor and suggest ways how ACCE can assist in making expansion of formal clinical engineering education a reality.

We encourage ACCE members to reach out to their local high schools and freshman engineering college courses, engineering clubs etc. and talk about Clinical Engineering and invite them to local Clinical Engineering events. We should encourage inviting engineering students from local universities to the AAMI, HIMSS and other Clinical Engineering conferences.

In closing, ACCE members should try to attend HIMSS 18. ACCE members can

attend HIMSS at reduced registration cost. All of us need IT education and knowledge to help improve the services we provide. We need to continue to educate and communicate to the IT folks about issues related to networked medical devices in our facilities (interoperability, cybersecurity, etc.). HIMSS is one source of IT education. If you have never been to HIMSS, it is fun and educational, albeit somewhat overwhelming because it is so huge compared to other CE conferences like AAMI. I hope to see you there.

Till next time.

Arif Subhan,  
President, ACCE  
[president@accenet.org](mailto:president@accenet.org)

<sup>1</sup><https://www.ncdc.noaa.gov/billions/overview>

<sup>2</sup><https://www.gpo.gov/fdsys/pkg/FR-2016-09-16/pdf/2016-21404.pdf>

<sup>3</sup><https://aamiblog.org/2018/01/04/arif-subhan-educating-future-generations-of-healthcare-technology-management-professionals/>

## ACCE News

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

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## Become a Mentor, Volunteer!

A potential mentee working as a clinical engineer for a provider organization in Oklahoma is seeking a mentor. The applicant has a master's degree in Biomedical Engineering. He has been with his current provider organization since 2009, with his current position as the Biomedical Engineering Manager. The mentee's areas of interest include: Contracts - what equipment needs contracts & what contracts should include, Biomed responsibility, and checklists

during the construction phase.

If you have experience in any of these areas, and are interested in serving as a mentor, please complete the ACCE mentor form: [http://accenet.org/Membership/Downloads/ACCE%20Mentor%20Form\\_f.pdf](http://accenet.org/Membership/Downloads/ACCE%20Mentor%20Form_f.pdf).

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## Journal of Clinical Engineering Subscriptions for ACCE Members

The Journal of Clinical Engineering is a compilation of articles, papers, and extensive manuscripts relevant to clinical/biomedical engineering or biomedical technology. Subject matter directly relates to the engineering or technology involved in patient care and treatment or technology in the broad field of health care delivery.

ACCE members receive a discounted subscription to the [Journal of Clinical Engineering](#) for only \$99! (Originally \$265). You must [login](#) to the ACCE website to view the code. Then visit [LWW.com](http://LWW.com) to enter code.



# Perspectives from ECRI Institute: We Begin Our Golden Years Under New Leadership



On January 15, 2018, ECRI Institute began a new era as we welcomed just the third CEO in our fifty-year history, Marcus Schabacker, MD, PhD. Dr. Schabacker is a board-certified anesthesiologist and intensive care specialist with more than 25 years of healthcare experience in complex global environments, and more than 18 years of senior leadership responsibilities serving the medical device and pharmaceutical industries across the healthcare value chain. He replaces Jeffrey Lerner, PhD, who served as CEO since 2001. Dr. Lerner is now President Emeritus for ECRI Institute. Dr. Lerner took over ECRI's leadership from our late Founder, Joel Nobel, MD, who was posthumously inducted into the first class of ACCE's Clinical Engineering Hall of Fame in 2015.

After completing clinical and academic practice in Germany and South Africa, Dr. Schabacker leveraged deep clinical, regulatory, and operational expertise to enhance scientific, technical, medical, and regulatory capabilities at companies such as Baxter and Bristol-Myers Squibb. His experience includes designing, transforming, and leading organizations of up to 4,000 employees across five continents to provide safe and effective products to patients and healthcare providers worldwide.

During his clinical years, and his time as an industry thought leader, Dr. Schabacker was focused on patient safety and enhancing patient care. Considering ECRI Institute's long history as a Patient Safety Organization, Dr. Schabacker is perfectly suited to take on our leadership role. ACCE's many international members will appreciate Dr. Schabacker's early career when he served as senior medical officer and head of the intensive care and anesthesia department at the Mafikeng General Hospital, North-West Province, South Africa. His work there was part of a humanitarian aid program to support the African National

Congress government under Nelson Mandela in the restructuring and buildup of a rural healthcare system in post-apartheid South Africa.

After his return from Africa, Dr. Schabacker joined the medical industry and held roles of increasing responsibility in medical affairs, preclinical and clinical development, regulatory affairs, quality, research and development, and patient safety. In his last corporate role prior to joining ECRI Institute, Dr. Schabacker served as corporate vice president and chief scientific officer at Baxter.

Dr. Schabacker takes over the leadership of ECRI at an exciting time as we begin celebration of our 50th anniversary. We are launching the first stage of our golden anniversary with the tagline "celebrating 50 years of separating fact from fiction in healthcare." As part of our celebration, we will be proudly spotlighting our many accomplishments. Early examples include Dr. Nobel's integral role in helping to start the clinical engineering profession and his launch of the comparative evaluation program that thousands of hospitals around the world continue to rely on for practical and independent advice on purchasing of medical devices. Our look back will be important but moving forward under our new leadership will be the focal point of our celebrations. From a clinical engineering point-of-view, you can look to ECRI Institute for resources and guidance to help navigate the emerging responsibilities of our profession. We will have our finger on the pulse to detect which products work best for HIT integration, identify new cybersecurity risks and vulnerabilities, and help establish clinical engineering-related best practices for managing community-based



Marcus Schabacker, MD, PhD, new CEO for ECRI Institute

telehealth programs.

Keep an eye out for ECRI Institute announcements of anniversary-related activities throughout this year. And, to our clinical engineering colleagues, thank you very much for your support of ECRI Institute over the years, especially the few of you who have been around for as long as we have!

*Jim Keller, MS, FACCE*

*Vice President, International Market Development, ECRI Institute*

*Past President, ACCE*

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## **ACCE Job Website Job Postings**

For posting job opportunities, please contact Dave Smith at [advertising@accenet.org](mailto:advertising@accenet.org)

# AAMI Update

## Join Colleagues at AAMI 2018

During the AAMI 2018 Conference & Expo, set to run June 1–4, thousands of members of the healthcare technology management (HTM) community will gather in Long Beach, CA, to learn about the latest innovations and advances in healthcare technology, get solutions to some of their toughest challenges on the job, and connect with their peers.

“HTM professionals are constantly learning and adapting to changes in healthcare delivery and accreditation requirements, as well as changes to the technology and systems themselves,” said Sherrie Schulte, AAMI’s senior director of certification and the annual conference. “Attending continuing education programs, such as the AAMI Annual Conference, helps HTM professionals stay on top of these changes, giving them a leg up in their careers.”

Throughout the conference, industry experts and leaders will share valuable insights on the biggest trends and challenges in the healthcare technology sector and provide practical tips and guidance. In addition to education, networking, and professional advancement activities, the conference offers an Expo Hall that will feature the latest technology from more than 200 medical equipment manufacturers.

More than 90% of surveyed biomedical and clinical engineers, healthcare IT specialists, clinicians, and other HTM professionals who attended last year’s conference agreed that the event was a good place to gain insight on how their organization could improve clinical outcomes. The conference also provided a good perspective on the state of the HTM field, they said.

When asked what they gained from their conference experience, nearly all surveyed attendees said they acquired new business contacts, learned about new products and technologies, were exposed to new ideas applicable in their jobs, and returned home with new skills and best practices.

Early-bird discounts are available until March 16. For more information about the conference and to register, visit [www.aami.org/ac](http://www.aami.org/ac).

## Webinar Series Focuses on Leveraging CMMS Data

Practically every healthcare technology management (HTM) department has a computerized maintenance management system (CMMS), but only a few are using these systems to their full potential, according to two consultants who literally wrote the book on optimizing CMMS use.

Too often, a department’s CMMS becomes a time-consuming repository of “arbitrary data entry rather than a source of useful, actionable information,” explained Matthew Baretich, president of Baretich Engineering, Inc. and co-author of *Computerized Maintenance Management Systems for Healthcare Technology Management* (third edition).

To help HTM professionals turn their CMMS into a useful “management” and “technician assistance tool,” Baretich and co-author Ted Cohen, an HTM consultant and part-time project clinical engineer at UC Davis Health in California, developed a six-part webinar series that started in January.

“Our goal is to have everyone in HTM use their CMMS as a tool to help make their jobs easier,” Cohen said. “By learning how to collect, analyze, share, and use data, HTM departments can operate more effectively, which ultimately improves patient safety.”

Each webinar in the series addresses one specific aspect of CMMS use, such as benchmarking, medical device integration with electronic medical records, or developing an alternative equipment maintenance plan.

“All of the sessions will cover how HTM folks can address these topics with data collection and data analytics using their CMMS,” Baretich explained. “They all will focus on ‘how to,’ with additional practical applications.”

Upcoming sessions include:

Feb. 14: How to Do Benchmarking for Financial Management

Feb. 28: How to Do Benchmarking for Quality and Performance Management

March 14: How to Manage Medical Device Integration, Cybersecurity, and Other HTM-IT Issues

March 28: How to Select and Implement a New CMMS Program

More information about this interactive webinar series is available at [www.aami.org/CMMSwebinars](http://www.aami.org/CMMSwebinars).

## Resources Promote HTM to Students, C-Suite

AAMI has published two new brochures aimed at promoting the HTM field. The first focuses on encouraging students to pursue a career in HTM by showing how managing technology saves lives.

“AAMI has heard loudly and clearly about the challenges the HTM community faces with respect to filling positions, bringing new blood into the field, and the closing of several HTM educational programs. As just one small step in addressing these issues, AAMI has developed a new brochure about pursuing a career in the HTM field,” said Patrick Bernat, director of healthcare technology management at AAMI. “The brochure is ideal for anyone who wants to help raise awareness of the opportunities that can be found in an HTM career, including HTM professionals who volunteer at career fairs or other community events.”

The second brochure aims to educate members of the C-suite about the benefits HTM departments can provide to their organizations. The brochure includes testimonials from C-suite executives, as well as concrete examples of ways HTM departments have helped control costs, improve patient care, and support other services critical to their organization’s mission.

A PDF version of the career brochure can be downloaded from [www.aami.org/HTM](http://www.aami.org/HTM) (located under the “Career” heading), while the C-suite brochure is available at [www.aami.org/Csuite](http://www.aami.org/Csuite).

AAMI Staff

# International: Group Approach of Colombian Universities to Disseminate CE Best Practices

Clinical Engineering is an emerging discipline in Colombia, and like many other countries in the world, it does not currently have specific academic programs. Education for the professionals who carry out this work is linked to subjects belonging to other engineering fields like Bio-medical Engineering, or may be a part of mechanical, electrical, or electronics engineering curricula.

This contributes to the fact that the work of clinical engineers in the institutions providing health services continues to be seen as that of a repairman and it is not considered as a manager of the healthcare technology life cycle. With this perspective, clinical engineers are often left out of the decision-making process associated with the planning, acquisition, and integration of health technology.

Throughout the world, because of increases of volume and complexity of healthcare technology, the perspective of healthcare institutions has been changing and the role of technology managers is becoming increasingly important. Areas of importance for the institution include: research related to the use medical devices , technology impact on patient care and the provision of service, patient safety, risks associated with technology use, costs of implementation versus efficiency in treatments, maintenance as a fundamental element of the safety and reliability of technology in institutions, environmental impacts generated by its use, and the possibility of bringing about innovation to seek breakthroughs in health care delivery.

Along with the recognition of the role of technology managers there is a need to guarantee that the engineers of the different associated disciplines to Clinical Engineering have updated training. An effective education process allows them to know new trends, new visions, and current management methodologies that are now successful in the world. The desired outcome is to ensure integration, seamless operation, reliability, availability, and safety of the technology used in delivering health care services.

These elements motivated a group of leaders in Colombia to seek strategies to disseminate knowledge for clinical engineers, which would permeate not only the country but had the potential to transcend borders and generate impact at an international level. In an effort to achieve a transformational education the Universities of Antioquia, organizers of the International Congress of Clinical Engineering - CONIIC (Universidad Pontificia Bolivariana, Universidad de Antioquia, Universidad Escuela de Ingeniería de Antioquia, Instituto Tecnológico Metropolitano de Medellín and La Fundación Universitaria María Cano), in collaboration with the American College of Clinical Engineering (ACCE), and with the support of the new Colombian College of Clinical Engineering (COLCINC) launched a monthly webinar series as an innovative knowledge dissemination strategy.

The first program was launched in 2017, with a set of six webinars (listed in table below) that addressed expressed priorities and needs. A second program will continue in 2018.

These first set of webinars were well received and had Colombian and international participants. On average there were 85 participants per webinar – 18 from other countries. Participants were from diverse organizations including health care services providers, commercial companies, technical services, regulatory organizations, and academic institu-

tions.

Three events were broadcast in Spanish and three events in English. In addition, these webinars promoted relationships among the clinical engineers in the country, and provided an opportunity for contact with speakers of international recognition.

The impact of these webinars is already visible as Colombian clinical engineers speak of the opportunity for them to improve their programs as they have the option to approach national and international clinical engineering professionals to compare methodologies and development processes related to the treated topics.

We have an impressive lineup of national and international speakers for the second program starting in 2018, and a list of impactful clinical engineering topics for Colombia, and to share with the rest of the world.

*Beatriz Janeth Galeano Upegui*  
*Universidad Pontificia Bolivariana*  
[beatriz.galeano@upb.edu.co](mailto:beatriz.galeano@upb.edu.co)

*Mario Castaneda*  
*International Committee member*  
[mario@healthitek.com](mailto:mario@healthitek.com)

Speakers in 2017	Title
Elliot Sloane	“The Destiny and Mission for Clinical Engineering Medical Device and ICT Convergence”
Vladimir Quintero	“Interoperability: challenges, constraints and opportunities”
Steve Grimes	“The Current State of Medical Device Cyber Vulnerability”
Antonio Hernández	“Health Technologies and the Role of the Clinical Engineer”
Tobey Clark	“Healthcare Technology Acquisition: Time of Maximum Leverage to Make Your Healthcare Technology Management Program Successful”
Mario Castañeda and Fred Hosea	“Beyond Innovation”

# The View from the Penalty Box

One of the things that I do every January is to look back before looking forward. 2017, at least for me, was a mixed bag. I spent time in a hospital, as a “guest”, not a favorite time of mine. I spent additional time in Rehab, (physical, not mental as some of you may be thinking). That was also not one of my favorite things to do. When I look at our leadership, both state and national, I find that progress on reducing healthcare costs is not moving quickly. More people are getting sicker and more will be without insurance. Too many avoid getting treatment until they are so sick they cannot avoid getting care. Too many of those patients have their care paid for by hospitals charging us more for the healthcare services we get. Is it time for national healthcare?

One other negative is the electronic medical record (EMR) system. In one instance, around here, a healthcare organization bragged that it was spending \$720 million on its EMR system to serve six hospitals. Part two of the story was that when the first two hospitals went “live” they had 18,000 trouble calls in the first week. What would happen to your department if you had 18,000 trouble calls in a YEAR? But the IT groups march on and we have to fight to get funding to buy parts to repair devices that are needed for safe patient care. One of the big frustrations that I had during my time as a “guest” was that the physicians appeared to be more interested in what was on their tablet than hear what I had to say or answer my questions. Do we have a generation that has forgotten how to listen and to look at the person they are talking to? Do we need to text our questions and answers to the physicians?

There was a cartoon making its rounds on healthcare for Veterans. The line read “to fix the healthcare for veterans, give the same level of care to Congress and see how fast it gets changed”. Reading various reports on the VA Healthcare System it sure appears to have major problems, mostly caused by the seagulls in Congress. Time for national healthcare.

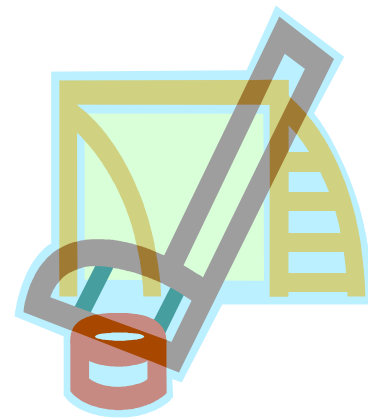
There was a fund raiser by a sixth grade class north of Boston to get money to

start a new treatment for one of their class mates who has a rare genetic disease. The kids raised over one million dollars to get their classmate the treatment. There have been numerous stories about people traveling to other countries to get treatment for conditions that either are not allowed here or are so expensive only the seagulls in Congress and their “advisors” who write the big checks can afford them. Time for national healthcare.

There are many complaints about the cost of medical devices or products here in the US. There are also complaints because some similar products, often made by the same companies, are not available in the US, but are available in other countries and approved by the European Community (EC). What troubles me is that if the US adopted the EC standards they would not have to keep two sets of records on products, one for the FDA and another for the rest of the world.

Years ago when ACCE was getting started we had several members that were employed by the FDA, and at least one (me), sat on an FDA advisory board. That interaction helped our profession and we helped the FDA to better understand what is needed in healthcare. On January 4, 2018, I reviewed the membership list of ACCE and found that no one from the FDA is an ACCE member, nor is there any indication that any ACCE member serves on an FDA advisory panel. We need to get input into the FDA and information out of the FDA in order to provide better patient care. Also in reviewing the ACCE membership list I noticed very few from industry. Again we should try to include those engineers so information can be shared and we can learn more on what is coming our way, from a technical stand point.

In the December 2017 issue of 24 X 7 there was a great Soapbox article by Geoffrey Smith, CBET, from Beaumont Health on using the “Golden Rule” when purchasing equipment for your hospital. Basically you have the gold, the money, so if the vendor will not supply parts or manuals or train your



staff they get none of the gold. If we follow Geoffrey’s lead the vendors will see our points of view very quickly. Unfortunately Geoffrey is not an ACCE member. We need people like him in this organization.

The sea gulls in D.C. seem to be more interested in money for their campaigns, lifestyles, and other items than solving the problems of healthcare costs. Why should one hospital be able to charge \$12,000 more for a simple baby delivery than another hospital 14 miles away? Why should a hospital group cry poverty because they only made \$110 million in “surplus funds” this fiscal year? Shouldn’t that be called profit? How can they claim to be a non-profit with that level of “surplus funds”?

As a profession we work very hard to put the patient first, control the costs that we can, and look for better solutions.

If I was still playing hockey there would be sea gulls bleeding all over the ice from being introduced to my stick. We need to change our system to reduce costs and improve access to quality care. So please join the march towards NATIONAL HEALTHCARE, AS THE TIME HAS COME.

As a note to all of you who may not know what “sea gull” refers to. It is something that lives along the water, flies in, craps all over you, and flies off. Is there a better description of our Congress?

Dave Harrington  
[Dave@sbtech.com](mailto:Dave@sbtech.com)

# You are cordially invited to the Healthcare Technology Alliance & ACCE Awards Reception

Date: Tuesday, March 6, 2018; 6:00PM-8:00PM

Location: Venetian-Palazzo-Sands Expo Center, Lido 3105/3106

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To RSVP: please [click here](#)

\*Your RSVP automatically enters you into a drawing!

Note: Must be present to claim the prize.



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AMERICAN COLLEGE OF CLINICAL ENGINEERING

For additional ACCE activities at HIMSS see:

<http://accenet.org/NewsEvents/Pages/HIMSS18.aspx>

# Axel Wirth: CE-IT Synergies Awardee



Axel Wirth, 2018 CE-IT Synergy Award Winner

Congratulations to Axel Wirth, CPHIMS, CISSP, HCISPP, the 2018 ACCE-HIMSS Excellence in Clinical Engineering and Information Technology Synergies Award Recipient.

Axel is Distinguished Healthcare Architect for Symantec Corporation. He has authored numerous articles, writes an award-winning column for Biomedical Instrumentation & Technology (BI&T), and regularly gives lectures to students in graduate clinical engineering programs.

As noted in his nomination...

“Axel has demonstrated an earnest commitment to the Clinical Engineering profession and to quality healthcare. As a consequence of the effort he consistently puts into his activities he is one of those professionals who has come to be greatly valued by his CE and IT colleagues and the healthcare professionals he has interfaced with.”

“ACCE is pleased to recognize Axel Wirth with this award. Axel is a recognized expert and advocate on health IT compliance, privacy and security. He has been very active in ACCE, HIMSS, AAMI and other industry organizations. He is a frequent and influential speaker at various industry forums on subjects involving cybersecurity, medical device security and other related topics. He has also been a presenter at several ACCE webinars and Clinical Engineering Symposiums. Axel is unquestionably a worthy recipient of this award.” said *Arif Subhan, MS, CCE, CHTM, FACCE*, President, ACCE.

“Axel Wirth is a well-respected member of the HIMSS community and lends valuable expert insights on cybersecurity,” said *Joyce Sensmeier, MS, RN-BC, CPHIMS, FHIMSS, FAAN*, Vice President, Informatics, HIMSS North America. “His enthusiasm to share that knowledge with others

has paved his way as an industry thought leader whose presence is integral to HIMSS and other organizations. He is highly regarded by his professional colleagues as a subject matter expert and leader in clinical engineering and information technology.”

[secretariat@accenet.org](mailto:secretariat@accenet.org)

**IT'S TIME TO RENEW YOUR MEMBERSHIP!**

ACCE members are urged to check their records of dues payment. If you have not paid your ACCE Membership dues for 2018, please do so now.

[Renew it online](#) or send your check made out to ACCE to:

ACCE/Secretariat  
5200 Butler Pike  
Plymouth Meeting, PA 19762

If you need an invoice, please email your request to: [secretariat@accenet.org](mailto:secretariat@accenet.org)

## Support the “Tools 4 Techs” Crowdfunding Campaign

Many Biomed in low resource settings lack proper tools to maintain equipment in hospitals/medical clinics. We need your help to get much needed tools into their hands!

Studies have shown that 40-60% of medical equipment in low resource countries is out of service. This situation leads to a degradation of patient care. Many of the problems that keep this equipment from being used are minor, and could be corrected if the staff responsible for maintaining the equipment had the proper tools and test equipment.

This campaign was initiated by Bill Gentles, member of the ACCE International Committee, and chair of the International Outreach Committee of the Canadian Medical & Biological Engineering Society (CMBES). Bill is asking you to consider making a small donation to support this campaign. Funds are being managed by CMBES. Because CMBES is a non-profit organization, but not a charity, we can't give charitable receipts. That is why we are only asking for small donations in this phase of the project.

This project started with some seed funding from CMBES and has bought

some tools for a few engineers and technicians. You can see their stories on the fundraising campaign web site.

<https://chuffed.org/project/tools-4-techs-supporting-biomed-in-low-resource-countries>

*Bill Gentles,*  
International Committee member  
[billgentles@sympatico.ca](mailto:billgentles@sympatico.ca)



## ACCE is an official Collaborator of HIMSS18

As such, ACCE Members receive the members discount to attend! To receive the discount, go to [Register Now](#). Select our organization from the "Conference Collaborating Organizations" drop down in the registration process, and enter the code "H18PARTNER".

### Attend these can't miss ACCE endorsed events at HIMSS18

#### Pre-conference symposia: [HIMSS/SHIEC Interoperability & HIE Symposium](#)

##### Facilitating Person-Centered Interoperable HIE to Manage Complex Populations

**Date:** Monday, March 5, 8:00 AM – 4:30 PM

**Location:** Venetian-Palazzo-Sands Expo Center

**Description:** There have been major advancements in interoperability, standards development and health information exchange, but significant barriers remain to fully access, capture and manage the health of complex populations. Grounded in a real-world scenario involving a complex patient, explore the future of interoperability and its impact on digital health and realizing a true person-centered health system. Challenge today's proven solutions and frameworks, and explore cutting-edge ideas that could disrupt the future of healthcare. Current strengths, weaknesses, opportunities and threats will be examined, along with a closer look at the interaction of policies, payment reform, emerging standards, and use cases that are furthering our progress toward true healthcare transformation.

**Additional registration required: \$350**

#### Pre-conference symposia: [Compliance Symposium](#)

##### Mastering Compliance: What You Must Know

**Date:** Monday, March 5, 8:00 AM – 4:30 PM

**Location:** Venetian-Palazzo-Sands Expo Center

**Description:** A well-designed compliance approach is critical to success in healthcare delivery and health IT. This approach is important across the continuum of healthcare, including home care, provider offices, acute care settings, retail pharmacies and medical devices. Stakeholders who must be held accountable include health system leaders, healthcare providers, vendors and manufacturers, consultants, and quality and compliance personnel. Uncover the challenges of identifying the major areas of compliance risk, how to address them leveraging your IT resources, and how to effectively support proper compliance programs across the entire health delivery system.

**Additional registration required.**

#### ACCE Education Session # 272: [Partnering for Medical Device Security and Patient Safety](#)

**Date:** Thursday, March 8, 2018, 4:00 PM - 5:00 PM

**Location:** Venetian Convention Center, Room Delfino 4004

**Description:** As healthcare has become more dependent on applications and software, and medical devices are getting networked and integrated, attacks previously targeted for IT systems are now a possibility for medical devices. Such attacks may place mission critical (and sometimes life critical) systems at jeopardy. The focus of this session will be to discuss a few areas of opportunity for IT and Clinical Engineering to partner on management privacy and security areas including policies and management techniques for server management, patching, and MDS2 (manufacturer disclosure statement for medical device security) documents.

##### Speakers:

**Ilir Kullooli**, MS, Director of Clinical Technology and Biomedical Engineering at Stanford Children's Health.

**Lisa Grisim**, VP & Associate Chief Information Officer at Lucile Packard Children's Hospital Stanford.

**Auston Davis**, Chief Information Security Officer at Lucile Packard Children's Hospital Stanford

#### [Health Technology Alliance/ACCE Awards Reception](#)

**Date:** Tuesday, March 6, 2018; 6:00 PM– 8:30 PM PST

**Location:** Sands Expo Center/ Lido 3105/3106

Network with ACCE members, experts from Clinical Engineering, Health Technology Management, and Medical Device Domain - all are welcome to attend!

### Special Thanks to our Sponsor [RSVP](#)

#### [Today!](#)

#### [HIMSS18 Awards Banquet](#)

**Date:** Thursday, March 8, 2018, 2013, 6:30 PM - 9:00 PM

Session ID# NETAWD

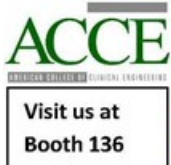
Location: Wynn Hotel and Resort, Latour Ballroom

**Additional Registration Required: Individual Tickets: \$ 175**

The HIMSS awards Banquet is a time for celebration & recognizing members who have added their unique sparkle and verve to the industry. Come toast their accomplishments at this year's elegant event.

Join Arif Subhan, ACCE President in congratulating the 2017 ACCE/HIMSS Excellence in Clinical Engineering and Information Technology Synergies Award recipient.

# Join ACCE at AAMI 2018, Long Beach



ACCE is a [Contributing Organization](#) for AAMI 2018. ACCE members are eligible to [register](#) for the conference at discounts off the non-member registration fees. Register by March 16 to get the early registration discount.

## Attend these co-sponsored can't miss events at AAMI 2018:

### Clinical Engineering Symposium – Presented by ACCE

#### Managing and Securing Medical Devices in the Home and Non-Traditional Environments

Sunday, June 03, 2018, 7:00AM-10:30AM

Long Beach Convention Center

**Description:** Changing demographics and care delivery models, the desire to reduce costs, and the evolution of new medical technologies have resulted in devices migrating from traditional hospital settings into patient homes and other non-traditional environments (e.g., offices, schools). These new environments are more difficult to secure and manage with respect to device security and data privacy. Both the security and privacy risks are likely to be even greater in the more loosely controlled environments and in the movement between disparate environments.

This symposium will:

- contrast the difference in risks and cyber threats between traditional and non-traditional care environments
- describe the level of security features that care providers and consumers should look for in selecting medical devices for these environments
- describe the challenges of introducing digital consumer devices (e.g. fitness trackers, vital signs monitors) into the data ecosystem
- describe the additional steps HTM and IT professionals should take to secure medical devices in these environments (e.g., administrative, physical & technical safeguards). For example: access restrictions (e.g., operators, networks, internet), patient education (and education of their family and aides), security and status monitoring, patching and updating, incident detection and response, security considerations for the home and public digital environments

[Continued on page 11](#)

# ACCE at AAMI, Events continued:

ACCE  
AMERICAN COLLEGE OF CLINICAL ENGINEERING

Visit us at  
Booth 136



AAMI  
2018  
Conference & Expo  
June 1-4, Long Beach, CA

Plan your travel. To receive the special conference rate, book your hotel no later than May 8.  
[Click here](#) for an overview of the hotels.

## 28<sup>th</sup> Members Meeting/Awards Reception

Saturday, June 02, 2018, 7:30PM-10PM

Hyatt Regency Long Beach, California

Network with your peers and congratulate the 2018 Advocacy Awards recipients and the 2018 Clinical Engineering Hall of Fame inductees.



ACCE  
AMERICAN COLLEGE OF CLINICAL ENGINEERING

2018

Members Meeting & Awards Reception  
Long Beach, California

## 2018 Clinical Engineering & CCE Review Course

**Date:** May 31 – June 1, 2018 (pre-AAMI 2018)

**Time:** 8:00AM – 5:00PM

**Location:** Hyatt Regency Long Beach, CA

**Faculty:** Matt Baretich, Tobey Clark, Ted Cohen, Frank Painter

**Registration Deadline:** April 2, 2018

Complete/email this [Registration Form](#)

The Clinical Engineering & CCE Review Class will provide an overview of the 2018 CCE examination topics, which is based on the Clinical Engineering Body of Knowledge (BOK) survey. Minimum of 7 registrations required, or it can be canceled. Your registration will not be charged until we receive the minimum required registrations.

Stop by the ACCE Booth at Exhibit Floor, [Booth # 138](#)



- Learn about the new webinar series
- Learn about the CCE exam
- Learn about the membership programs
- Learn about ACCE activities
- Connect with old and new friends
- Check/update your membership status

# Congratulations to the 2018 ACCE Advocacy Award Winners & Student Paper Competition Winner



**Sue Schade, MBA,**  
LCHIME, FCHIME,  
FHIMSS  
**CE-HTM Champi-  
on Award**



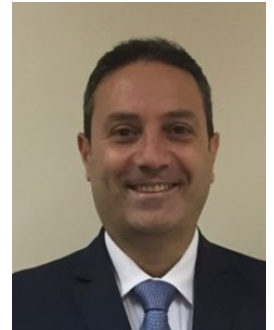
**Mark Bruley, EIT,**  
CCE, FACCE  
**Lifetime Achieve-  
ment Award**



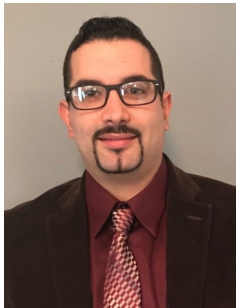
**Alan Lipschultz,**  
CCE, FACCE  
**Advocacy Award**



**Erin Sparnon, MSE**  
**CE/HTF Patient  
Safety Award**



**Riad Farah, BE, CHTM**  
**Challenge Award**



**Rabeh Robert Hijazi,**  
PhD, MHA, CBET, CCE  
**Professional Achieve-  
ment in Management  
Award**



**Bassam Tabshouri,**  
MSEE  
**Antonio Hernan-  
dez International  
Clinical Engineer-  
ing Award**



**Bridget Moorman, CCE**  
**Student Paper Competi-  
tion, Arizona State Univer-  
sity**



**Andra Pradesh Medtech  
Zone, India**  
**ACCE/HTF International  
Organization Award**

For more information about the ACCE Awards Recipients, visit the [ACCE Website](#)



**2018 Awards Reception**  
**Saturday, June 2, 2018 @ 7:30PM**  
**Location: Hyatt Regency, Long Beach, California**



# Welcome New Members

We welcome our newest members, approved by Membership Committee and supported by the Board of Directors:

Name	Class	Job Title	Organization	Country
Benjamin Brewers	Institutional/Associate	Clinical Engineering Technician	Eastern Maine Medical Center	ME/USA
Michael W. Lane	Institutional/Individual	Director	TSP/Univ. of Vermont	VT/USA
Reuben A. Quist, CBET	Associate	Clinical Equipment Technician	Kaiser Permanente	CA/USA
Christopher Bricio	Associate	CEO	GAS LATAM	Mexico

Welcome to our newest institutional member:

**Yale New Haven Health System.**



**YALE NEW HAVEN  
HEALTH**

## 2018 CCE Certification: New Applicants and Renewals



### New Applicants:

The 2018 CCE exam will be given on November 3, 2018 thru November 18, 2018. The deadline for applications is **July 21, 2018** for applicants testing within the United States & Canada and **June 24, 2018** for applicants testing outside the United States & Canada. Arrangements can be made to take the written exam in most major cities around the world by contacting the Secretariat for HTCC at [certification@accenet.org](mailto:certification@accenet.org).

You may apply to take this exam by downloading [the handbook](#) and [application form](#). After reviewing the Handbook, please contact the Secretariat for HTCC at [certification@accenet.org](mailto:certification@accenet.org), or by telephone (610-567-1240), or fax (815-642-0658) with further questions.

### CCE Renewal:

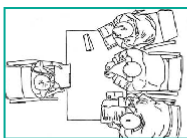
CCE renewal is required once every three years. If your CCE expiration date is on Jun 30, 2018, you have until June 30, 2018 to complete and turn in your completed renewal form.

The [2018 CCE Renewal Handbook](#) and Renewal Application Form can be downloaded from the [CE certification webpage](#).

The renewal fee can be paid by check or via PayPal on the [ACCE website](#)

Any questions can be directed to Sandy Allen, the HTCC secretariat, at [certification@accenet.org](mailto:certification@accenet.org)

## CCE ORAL EXAM REVIEW ONLINE



In time for the 2018 CCE Oral Exam which will be given pre-AAMI 2018 in Long Beach, CA.

**April 04, 2018 (Wednesday)  
12:00pm-1:15pm (EDT)**

ONLINE

Faculty: Frank Painter, MS, CCE, FACCE

Cost: \$ 75.00 (ACCE member) / \$ 100.00 (Non-Members)

Registration Deadline: March 24, 2018



To register, complete the [registration form](#) and email it to [secretariat@accenet.org](mailto:secretariat@accenet.org) or fax it to (480) 247-5040

**Disclaimer:** This webinar is prepared and offered by individuals who are not involved in the preparation of the CCE Exam.

**ACCE** AMERICAN COLLEGE OF CLINICAL ENGINEERING  
5200 Butler Pike, Plymouth Meeting, PA 19062  
Tel: 610-825-6067 | [secretariat@accenet.org](mailto:secretariat@accenet.org) | [www.accenet.org](http://www.accenet.org)

## 2018 CCE Oral Exam

**May 31-June 1, 2018,  
Hyatt Regency,  
Long Beach, CA**



**Please confirm your  
exam schedule at  
[certification@accenet.org](mailto:certification@accenet.org)**

# IHE Connectathon 2018



Connectathon participants, often from competing organizations, cooperate to test and demonstrate, and in some cases debug, interconnectivity between their clinical devices and a variety of middleware, EHR and other clinical IT systems.

Integrating the Healthcare Enterprise (IHE) is a worldwide project to enable seamless information passing between IT and medical systems. IHE uses HL7 messaging and constrains the messages to agreed upon fields and data. Patient Care Devices (PCD) focuses on regulated medical devices and systems, plus systems that manage them (such as RTLS and CMMS related systems) It's primarily volunteer driven. Most major medical equipment manufacturers and some related companies (EHRs and RTLS so far) dedicate staff to working IHE PCD. PCD has one paid part-time manager, who participates as a member, manages documentation and prepares the annual testing (as well as herding a bunch of very smart cats...)

This year's Connectathon was held at the Cleveland Convention Center from January 15 -19. The weather was seasonably cold, but I'm grateful the predicted 'lake effect' snow didn't arrive. Also, the hotel we stayed in connects directly to the convention

center, so we didn't need to go outside.

It still amazes me to see 500 technical people sit down in one room to test all the prior year's work. It's also heartening to see competitors working together to help each other succeed.

On to some statistics. Overall, the Connectathon encompassed: 63 organizations, 70 Profiles, 1,735 actors (1,100 passed), 44 monitors (to verify test results) and 2,374 tests run (2,248 verified)

For the Patient Care Devices (ACCE co-sponsored) profiles: 27 organizations, 6 Profiles, 138 actors (126 passed), 7 PCD monitors (5 FTEE) and 406 tests verified.

We had three new companies participating this year, including two from overseas: Fresenius (France), Advanced Communication Knowledge (Korea) and Stanley Healthcare (RTLS vendor). They were all warmly welcomed and provided additional testing partners. I was particularly glad that Stanley joined us; Manny, Monroe and I have been stopping by

their booth at HIMSS for several years trying to get them to join.

I like to take advantage of my travel location to sample the local sites. This year, I had several hours after the Connectathon before my flight. I spent an extended time at the Rock and Roll Hall of Fame and totally enjoyed myself.

The Connectathon was again successful this year. Thanks so much to the organizations, the National Institute for Science and Technology (NIST) and my fellow monitors for helping us move device interoperability forward.

If you have any questions or want to know more about PCD's efforts, feel free to go to our website [http://www.ihe.net/Patient\\_Care\\_Devices/](http://www.ihe.net/Patient_Care_Devices/) or contact me at [paulshermancce@gmail.com](mailto:paulshermancce@gmail.com).

*Paul Sherman*  
IHE-PCD Technical Program Manager  
[paulshermancce@gmail.com](mailto:paulshermancce@gmail.com)

## Journal of Clinical Engineering Call for Papers

The Journal of Clinical Engineering prints selections of the ACCE News in each issue and is interested in papers from you. If you have an urge to write, and good clinical engineering activities or ideas to share, please consider JCE as one of your outlets. One type of article not seen in a while is the Department Overview which presents how your department is structured and how it performs its functions. Shorter "Perspective" pieces are also welcome. You can discuss manuscript ideas with fellow member William Hyman, who is one of the editors of JCE. Contact: [w-hyman@tamu.edu](mailto:w-hyman@tamu.edu). Send manuscripts to William or Michael Leven-Epstein at: [michael.levinepstein@gmail.com](mailto:michael.levinepstein@gmail.com)

# Mark Bruley, ACCE's Newest Fellow Member

Congratulations to ACCE's newest fellow member: Mark E. Bruley, EIT, CCE, FAC-CE.

Fellow status in the ACCE is a unique honor which recognizes distinguished service to the profession or achievement in the field of Clinical Engineering. We are pleased to welcome Mark Bruley as our latest fellow member.

According to Arif Subhan, CCE, FACCE, ACCE President, "Mark has made significant contributions over the span of more than four decades in key areas of Clinical Engineering, particularly towards improving Patient Safety related to medical devices. The profession appreciates his ground-breaking research in medical device investigation as well as investigation into the causes and prevention of surgical fires which has significantly improved patient safety in hospitals across the United States and abroad.

Arif continued: "I particularly admire your commitment to the education and professional advancement of Clinical Engineering professionals through lectures and articles on medical device hazards, medical device risk management and other healthcare technology topics at national and international venues. They have made significant impact on the knowledge and understanding of medical device hazards among healthcare professionals."

ACCE Membership Committee  
[membershipchair@accenet.org](mailto:membershipchair@accenet.org)



Mark Bruley, EIT, FACCE is ACCE's newest fellow member and ACCE's finest master magician.

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# In Memoriam, Herbert Frederick Voigt, III

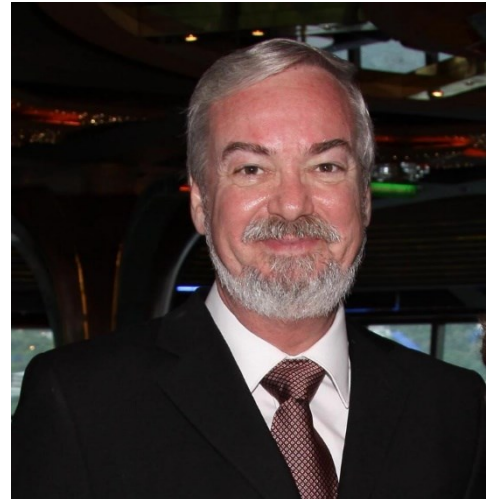
The global Clinical and Biomedical Engineering community is mourning the sudden passing of our friend and colleague Herbert (Herb) Voigt. We join his family in honoring this transition and celebrating his life.

I met Herb in 2012 at an ACCE Advanced Clinical Engineering Workshop in Peru. Coincidentally, I was ACCE president and at the time we were sorting out some pending issues about ACCE membership in the International Federation for Medical & Biological Engineering (IFMBE). Herb was then president of the organization above IFMBE.

From our first meeting I was impressed with the passion Herb poured to ethically solve issues not only in his field but in his home community and in the world. I learned about his other interests and his leadership in the Boston Town Meetings, the Milton Foundation for Education, the Milton Library and he Bach, Beethoven and Brahms Society Orchestra of Boston. We swiftly resolved the ACCE's membership in IFMBE questions, and over the subsequent years I had the opportunity to learn and experience the depth, breath, and outcomes of his work.

Herb's last position was as Professor of Biomedical Engineering and an Associate Research Professor of Otolaryngology at Boston University. He obtained a BE (EE, 1974) from the City College of New York (CCNY) and a Ph.D. in Biomedical Engineering (1980) from the Johns Hopkins University.

He was a past president of the following organizations: International Union for Physical & Engineering Sciences in Medicine (IUPESM, 2012-2015), International Federation for Medical & Biological Engineering (IFMBE 2009-2012), American Institute for Medical & Biological Engineering (AIMBE, 2006-2007), the Biomedical Engineering Society (BMES, 1999), and Alpha Eta Mu Beta (2002-2008).



**Herbert Frederick Voigt, III**  
**October 27, 1952 – January 25, 2018**



As for awards; in 2016, Herb received the Alpha Eta Mu Beta's Outstanding Dedication and Service Award, the highest honor bestowed by the Biomedical Engineering Honor Society; in 1994 the CCNY Alumni Career Achievement Award; in 2001, elected to the Johns Hopkins Society of Scholars; in 2002, BMES's President's Award; and in 2004, BMES's Distinguished Service Award.

Herb was a Founding Fellow of BMES (2004), and an AIMBE Fellow (1998). IEEE selected Voigt as a Distinguished Lecturer (2012-2013). He was an honorary member of the Swedish Society of Medical Engineering & Physics (2012) – his research included auditory neurophysiology, specifically cochlear nucleus neural circuitry, heavy metal detection and global Health and Development.

He was also deeply involved in biomedical engineering issues and education throughout the world, specifically in Nigeria, Peru, Sweden, and Malaysia.

We will miss Herb and can honor his memory by continuing Herb's legacy of serving our local communities, educating the new generation of engineers and health care professionals with the best subject content, demonstrating an exemplary code of professional ethics, and rendering our services in places in the world where there are most needed.

*Mario Castaneda*  
ACCE Liaison to IFMBE  
[ifmbeliason@accenet.org](mailto:ifmbeliason@accenet.org)

Herb in Hangzhou China, signing the pledge for Clinical Engineering Day (October 21, 2015)

[See Page 17 for remembrances from ACCE members:](#)



# In Memoriam, Herb Voigt: Remembrances from Members

- **Adriana Velazquez Berumen:** Herb will be greatly missed in our community. He was extraordinary person. Condolences to all His family. May He rest in peace. May God bless him and his family including his wife, two children, and grandchildren!
- **Jim Wear:** Judy and I have known Herb and his family for several years and have done social things with them. We are really shocked and sad about losing him and especially so far from his home. We are offering our prays to his family for their great loss. It would be nice if the IFMBE/CED could do something to honor his contribution to Clinical Engineering.
- **Rossana Rivas:** Herb was a distinguished person, partner and colleague. It was great to work with him in activities in Peru and other countries and also learn from his vision and commitment with the profession, the community and the culture, Herb won't be forgotten as he inspired teams around the world. My prayers and love for Herb and his family.
- **Tom Judd:** Thank you Herb for a life well lived, serving others. His wife Ronit, children, and grandchildren, and wider family (he was oldest of nine siblings) are in our prayers. You will be missed locally and globally.
- **SM Krishnan:** I was terribly shocked and deeply saddened when I heard the news about Herb. It was unbelievable. He was such a great friend, educator, leader and contributor to the global community of Biomedical Engineers. He will be truly missed. I share the sentiments expressed in your mail. May God rest his soul. We include his family in our prayers. With deep sorrow, Krishnan
- **Nicholas Adjabu:** Sad to hear this My condolence the family and all. May his soul rest in perfect peace.
- **Saide Calil:** This is a shocking news. Herb was a very active person, always willing to help people and full of energy for new projects. You are right, he will be missed a lot by all of us. Last week we spoke about adding some suggestions for the abstract he was writing for the Congress. It is really a great loss for the BE and CE community.
- **Yadin David:** This is very sad news and such a large loss that will be hard to overcome. Herb, as we knew him, was a great family man, first to volunteer in his community, leader in our profession and model teacher. My thoughts and prayers are with his family and vast number of friends he impacted and left behind.
- **Tony Easty:** I first came to know Herb well during the preparation work for the 2015 World Congress. His constant help and advice was invaluable and he always tried to be as open and inclusive as possible. He always thought carefully about the situations that we faced and was creative and collegial in suggesting solutions. This experience gave me a special appreciation for Herb, both as a scientist and as a human being. Reading his list of interests and his accomplishments makes me realize just what a fine person we have lost. The world is a poorer place for his passing. My heartfelt condolences to his family.
- **Jennifer Jackson:** I am heartbroken but reconciled knowing that he left his legacy with countless biomedical engineers that he trained and inspired.
- **Kang-Ping Lin:** It is unacceptable that Herb has passed. Herb was friendly and willing to give juniors advice. His brilliant contributions towards biomedical engineering in the world, in particular towards young scholars in the Third World, are invaluable. His confident speeches and laughs will be missed forever.
- **Binseng Wang:** I am shocked by the sudden passing of Herbert! Although we share the same research heritage (auditory physiology from the Eaton-Peabody Lab founded by Dr. Nelson Kiang), we only “discovered” each other at a conference at the Instituto Tecnológico de Monterrey in 2014. Since then we have met and talked several times at international conferences (e.g., Hangzhou and Toronto). Herbert was not only an accomplished academic researcher and teacher, but also an enthusiastic supporter of Biomedical Engineering, including the specialty of Clinical Engineering. It is indeed a tremendous loss for the biomed community worldwide. Prof. Voigt's achievements and generous support of the international community shall not be forgotten.
- **Shauna Mullally:** I'm so sad to hear this. Herb had such a warm, engaging presence and his dedication to serving others through his work always shone through.
- **Pedro Galvan:** We will really miss globally Herb for a life well lived, serving others. His whole family wife Ronit, grandchildren, and wider family are in our prayers.



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# Call for Nominations!

## Clinical Engineering Hall of Fame Class of 2018



The American College of Clinical Engineering—Hall of Fame (CE-HOF) is now seeking nominations of individuals who have made outstanding and notable contributions to the evolution and/or advancement of Clinical Engineering. See the links below for further information.

Please submit your completed nomination form and supporting information to [CE-HOF@accenet.org](mailto:CE-HOF@accenet.org) by February 17, 2018.

Induction of the Class of 2018 will be in June in Long Beach, CA.

[Eligibility Requirements](#)

[Nomination form](#)

[2017/2016/2015 Inductees](#)

### ACCE Calendar

#### March 5-9, 2018

HIMSS18 Conference & Exhibition  
Venetian-Palazzo-Sand Expo Center, Las Vegas, NV  
[Schedule at a glance](#)

#### March 6, 2018, 6-8PM

HTA/ACCE Awards Reception  
Venetian-Palazzo-Sands Expo Center, Lido 3105/3106, Las Vegas  
[RSVP](#)

#### March 8, 2018, 6:30-10PM

HIMSS18—Awards Gala  
Wynn Hotel and Resort - Latour Ballroom, Las Vegas  
[More info & tickets](#)

#### March 8, 2018

ACCE Webinar: Service Contracts and Continuous OEM Training—How to Leverage Cost Effective Agreement  
[More Info](#)

#### April 4, 2018

Webinar: CCE Oral Exam Review  
Noon—1:15pm (EDT)  
[More Info](#)

#### May 31-June 1, 2018

2018 CCE Oral Exams  
Long Beach, CA  
Contact: [certification@accenet.org](mailto:certification@accenet.org)

#### June 1-4, 2018

AAMI Annual Conference and Expo  
Long Beach, CA  
[More info](#)

# ACCE

AMERICAN COLLEGE OF CLINICAL ENGINEERING

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