ACCE News

Newsletter of the American College of Clinical Engineering

January-February 2016 Volume 26 Issue 1

Celebrating 25 years

ACCE

AMERICAN COLLEGE OF CLINICAL ENGINEERING

1990-2015

President's Message

Hope everyone had a great start to the new year. This time, I'll talk a little about ACCE topics, but I'm indulging in my inner techie and am going to focus on IHE-PCD, which ACCE co-sponsors. I'll talk about what it is and is not, compared to other standards-based activities, then summarize the IHE Connectathon in Cleveland January 25-29.

About the time this article is published, HIMSS will be going on in Las Vegas. We have another reception planned, but won't have a booth. The space is a little tight, so HIMSS limits the partnering organizations to a display. However, a number of us will be there and we do have our session on Tuesday. These details are on pages 11 and 12 of this edition and on our website, And again, I have the honor to present the ACCE/HIMSS Synergies Award - this time to Jennifer Jackson. As with last year, we had several excellent candidates. But, since we can only award it to one person, this year it's Jennifer.

ACCE has had some Executive Board turnover again, with our Secretary leaving. Thank you to Mariana Hu for her dedicated support as Secretary. And, we welcome Elena Simoncini as our new Secretary. Elena was recently appointed to complete the remainder of Mariana's term (see page 4).

There is often some confusion about the difference between IHE (Integrating the Healthcare Enterprise) and standards. For example, in comparing IHE and IEC 80001, the first difference is that IHE is not a standard. It's a tool that uses existing standards, such as HL7, DICOM, LOINC, Snomed, IEEE 11073 and IEC 80001 to create (hopefully) seamless communication between computer-based healthcare systems. It also encompasses much more than strictly medical equipment. It includes systems that may have nothing to do with medical equipment, such as billing, scheduling, research and public health. IEC 80001 applies directly to the network infrastructure and security, including the hardware. IHE refers to hardware only in the aspect that it carries the messages - it doesn't attempt to address hardware , security and reliability, only passing a message successfully between disparate systems.

The second is that the IHE focus is on implementation. In much standards work, the goal is creating the standard. IHE's goal is to use those standards, finding a way to get them to cooperate in the real world. This also applies to working within a standard. Many of us have experienced DICOM compliant systems that don't talk to each other, and likely with HL7 systems as well. The standards are intentionally broad, leading to these types of challenges. IHE participants agree to use those standards (primarily HL7) and work together to find common terms that all can agree to use. That's the amazing thing. It results in engineers and programmers from competing companies working together to produce a usable product. Then, once a year they work at proving it via the Connectathon.

As opposed to standards, IHE work comes from a recognized end use need. We call those 'use cases'. An IHE member identifies a need in the field, then proposes that IHE solves it. The specialty area (Domain) then reviews the proposal and votes on whether to pursue it.

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President's Message continued

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This brings up another important difference. This is a VERY open process. Membership is by organization. ACCE has an official representative to vote on proposals and other decisions, but any employee or member of a member organization can participate in any IHE activity. That means you as an ACCE member can participate fully, even propose a use case you think can benefit from interoperability. If you think there's some useful information for patient care or equipment management that needs to move between systems, feel free to let me know.

IHE Connectathon

This year's Connectathon was very successful for Patient Care Devices (PCD). As a monitor and the program manager, I get to see it from multiple perspectives.

The IHE Connectathon is where members' work is tested. They bring all their equipment and/or software in, ready to test in the domains (for us, it's Patient Care Devices) and profiles they will test. For PCD, those Domains include: basic device communication, alerts/alarms, infusion pump actions, location services and equipment management. For each Domain, the vendor has a few required tests they must complete, as well as some optional tests. The tests consist of two or more vendors working together to send and receive messages and their acknowledgements. Volunteer monitors evaluate the tests and determine if the participants passed. The monitors run the messages through testing software and evaluate the results. The monitors determine whether or not participants passed the test. If there are questions or is uncertainty, they can ask the Program Manager (that's me) to make the final call.

As the vendors pass the required tests, the Program Manager reviews those results and determines if the vendors have tested enough to pass a profile. Once they have passed all their profiles, participants can move on to optional tests, support others as they work on their tests or close up and head out. Many vendors choose to stay and help others as well as run optional tests.

Once the Connectathon is over, the Connectathon managers review the Domain results and determine if that Domain successfully completed the Connectathon. Once that's confirmed, vendors are then able to claim the are 'IHE Compliant' and use that as a selling point.

The Cleveland Convention Center hosted this year's Connectathon again. Considering that most prior Connectathons were held in a hotel sub-basement in Chicago, the huge windows in this site were very welcome. About 180 vendors participated, with about 500 people overall. Even though this is my 4th Connectathon, I'm still amazed at the vendor commitment and cooperation.

Connectathons can't succeed without the test Monitors. Monitors are generally volunteers. In PCD's case, several of the monitors come from NIST. Side note - NIST is heavily involved in IHE, and PCD particularly. They write the software that evaluates the messages, as well as participate in most PCD activities. The other monitors come from hospitals or other groups. They are not affiliated with any of the vendors, which ensures independent evaluation. I encourage anyone interested to apply to be a monitor. IHE covers your expenses for the trip and provides a very good lunch during the week.

I fulfill two roles at the Connectathon; Monitor and as the Program Manager, who evaluates the cumulative results.

As a monitor, I find it quite interesting and sometimes a bit challenging. My HL7 skills are still a bit thin, but that can be an advantage. There are a LOT of tests to review, and it would be very easy to go into detail on each failed test to solve the problem. But that's why the vendors are here. They know their software; monitors going into deep detail can create a backlog of tests. On failed tests, I offer what feed back I can, send the results back and move on to another test. The manufacturers let us know when the test is ready to re-test and we re-verify it.

As the PCD Manager, I review test results and vendor progress. I also help new participants get underway. This year we had a new vendor and new people from an existing vendor, so I spent a bit of time helping them out. Luckily, much of the help I provide is recruiting a more experienced participant (either a test partner or a competitor) to work directly with them. Occasionally, I need to help more directly. Starting mid-week, I also review the test results to see if participants have completed all required tests. If they have, I can pass them for

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ACCE News

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

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President's Message continued

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the relevant Profile. I then determine if they have passed all their profiles and help decide how best to proceed if they can't complete them on time. The following week, we review the Connectathon overall to see what worked and what needs improvement for next year.

This year's Connectathon went pretty well, even though we had some logistical challenges. Those challenges were due to the East coast blizzard. It delayed a LOT of participants by up to two days. It especially affected PCD, since many of our monitors come from Washington DC. However, the monitors that made it on time took up the challenge. By the time the delayed monitors arrived, we had verified over 100 tests and only had four tests waiting. By the end of the day Thursday, PCD had completed all required tests, passed all required profiles, as well as several optional tests and profiles.

One optional test to note: Last year two vendors worked hard to pass a live waveform for medical equipment into the patient record. Because of that work, we created a new test for passing waveforms. I'm very pleased to announce that two vendors sent live waveforms to an EHR, passing that test. It was pretty amazing to see it happen, definitely one highlight of the week.

In the evenings, there's plenty of opportunity to socialize. We had an informal get-together on Monday night at a sports bar near the hotel (great food and a killer beer selection). Tuesday night, IHE provides a social event. This year it was at the House of Blues with plenty of good food, liquid refreshments and a great band. For me, Wednesday night was a bit different. I spent some time prepping for, and taking, the Jeopardy on-line contestant test (ping me if you want details). From there I went to the hotel lounge and talked with one of the vendors about music for the evening.

Overall, the Connectathon, and IHE overall is a great opportunity for Clinical Engineers to see and help shape the future of medical technology. It's very different from day to day Clinical Engineering. IHE PCD NEEDS end user input. The tests are based on use cases derived from real world needs. If you don't tell us, the vendors have to guess, which isn't always successful.

Well, that seems to be enough for this round. I hope to see many of you in Las Vegas at HIMSS. And of course, I look forward to seeing you in Tampa. And, for those wondering - I do plan on driving my '40 Chevy to AAMI again.

Paul Sherman, ACCE President
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Connectathon monitors include PCD monitors: Darcy del Dotto (Red dress) and Sandy Martinez, right of Darcy. Michael Kirwin is straight behind Sandy at the top (pale red head) and Paul Sherman, ACCE President at top right.

Healthcare Technology Foundation News

Improve healthcare delivery outcomes by promoting the development, application and support of safe and effective healthcare technologies

HTF HealthcareTechnology FOUNDATION

HTF Alarms group updating survey

HTF Alarm task force has been diligently reviewing the 2006 and 2011 alarms survey questions including how the National Patient Safety Goal has impacted alarm management. The goal is to release a survey update to coincide with the 5 year cycle. Please keep your eyes open as we will want your assistance in soliciting folks to complete the survey. The results this time could prove rather interesting!

HTF Board Member Jennifer Ott presents at ACCE Teleconference

Jennifer Ott recently presented at the January ACCE Educational Webinar on Medical Equipment Planning for Healthcare Construction. This was a joint presentation with Rodney Nolen. Rodney covered the higher level considerations and Jennifer dived into the weeds using a specific project example. This showed another avenue clinical engineers are often involved in and all the steps to consider to insure a successful project. See the ACCE website for information on obtaining a copy of the Webex.

Be sure to visit the HTF website, www.thehtf.org to see our programs and resources. While you are there, feel free to hit the **DONATE NOW** button. We will accept them anytime and they are always tax deductible!

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Elena Simoncini Appointed ACCE Secretary

Elena Simoncini, MS, was recently appointed ACCE Secretary. Elena will complete the remainder of Mariana Hu's term.

Elena Simoncini is the Strategic Planner for the VA Boston Healthcare System (VABHS). Prior to her current role, Elena has five years of experience in the Clinical Engineering environment. Elena is utilizing her Clinical Engineering skill sets to plan, develop and manage the VABHS Director's strategic vision. This includes leading teams to develop new lines of care, management of resources and space to provide accurate care to the Veteran, and providing input to Human Resources to ensure VA Boston workforce fits strategic requirements.

Elena has a Master's Degree in Biomedical Engineering from the University of Connecticut and a Bachelor's Degree in Biomedical Engineering from Boston University.

ACCE 2016 Membership Dues Due Now

ACCE Membership Dues for January through December 2016 is due now. To renew your 2016 membership online, please click here, or mail your renewal check to: ACCE, 5200 Butler Pike, Plymouth Meeting, PA 19462

Perspectives from ECRI Institute: Middle East

As the big blizzard of 2016 was bearing down on the northeast coast of the US I was preparing to head out on another international adventure. This time it was to Dubai to attend the Arab Health conference and then to London for some work with ECRI's European office. My flight was originally scheduled to leave Philadelphia on the first night of the big storm. I took the safe bet and headed out a day early. It was nice to get in the air without worrying about a potential weather-related cancelation or major delay. I must admit I felt a little bad leaving the family behind with almost three feet of snow on the way. Luckily I have two able bodied sons (young men) who did a great job of helping their mom dig out.

The Emerald City came to mind when I first arrived in Dubai. So many gleaming high rises, lots of fancy cars, and tons of new money. And, believe it or not, the Arab Health conference makes the HIMSS conference seem quaint. According to the Arab Health website its 2016 exhibition showcased more than 4,000 companies and more than 130,000 healthcare professionals attending from 163 countries! I'm not sure if it was quite that many but it was an awful lot. I felt like it was impossible to even scratch the surface of the exhibition hall. The conference had a series of international pavilions. The one for China was massive. My guess is that it easily covered the full area of several football fields.

Despite recent major drops in oil prices, I heard about a lot of Middle East hospital building projects. And for projects in the bigger cities, they were typically described as medical cities. This presented good opportunities for ECRI Institute's equipment planning service. Also, in part because of current low oil prices, there is a big demand for training in the Gulf region. As less oil money is available to spend on expensive ex-patriot workers the Gulf countries are looking to increase the capacity of their own citizens. I spent a lot of time speaking with biomedical engineering executives about how ECRI can support the education needs for their staff. Certification was also big, which I think creates excellent opportunities for growth of ACCE's clinical engineering certification program in the Middle East.

Another interesting trend I observed is the formal association or affiliation of Middle East hospitals with big name medical centers from the United States and other developed nations. I had the opportunity to visit Cleveland Clinic Abu Dhabi on the day before Arab Health began. It's a beautiful brand new 360 bed facility that is likely to be expanded to over 500 beds. Saudi Aramco's Dhahran Health Center, which I previously visited several times for ECRI consulting projects, is now called Johns Hopkins Aramco. Both organizations interestingly promote their certification with Joint Commission International.

I met healthcare professionals from almost every country in the Middle East, several from Africa, and many other parts of the world. I had lunch with a biomedical engineer from Syria who was lucky enough several years ago to find work and a home for his family in Dubai. His parents still live in Damascus. He told me that for now they are doing well. But I am sure that he's concerned. He would like to go back to live in Syria but for obvious reasons not now. ECRI's booth had a visit from a team of biomedical engineers from Burkina Faso. I couldn't help but think of the terrorist attack horror that their country had suffered just a few weeks before the conference. These encounters help to put things in perspective and bring the stories we hear about in the press much closer to home.

Arab Health was a great conference for ECRI and perfect learning opportunity for me, especially with my new international business development role. Despite the major political challenges in the Middle East, I sensed an overall upbeat and positive mindset at the show. I'm currently planning to attend next year's conference. I'll be curious to see if the current economic and political conditions will have a significant enough effect to change the positive energy from this year's meeting.

The next trip on my calendar is a long one. I'll be a keynote at the annual conference for the Italian Society of Clinical Engineering. After a post-conference vacation in Italy I'll be flying east to Hong Kong for a week of presentations and business development meetings. I'm sure you'll hear about it in an upcoming issue of ACCE News. Au revoir.

Jim Keller
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Jim Keller, former ACCE President and ECRI Institute's Vice President for International Market Development, at their booth at Arab Health. According to Jim, Arab Health had a huge exhibit hall with the China exhibit larger than "several football fields"!

CCE EXAM REVIEW COURSE

THURSDAY AND FRIDAY – JUNE 2 AND 3, 2016
TIME: 8:30AM – 4:30PM
TAMPA CONVENTION CENTER, TAMPA, FL

REGISTRATION FEE:
US$ 450.00 (MEMBERS), US$ 495.00 (NON-MEMBERS)

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The course is prepared and offered by individuals who are Not involved in the preparation of the CCE Exam.

REGISTRATION DEADLINE: APRIL 26, 2016

Prepare for the November Certification in Clinical Engineering Written Exam. This Class will be presented by a group of ACCE Faculty who are CCEs. The class will outline and present the material in each of the main subject areas covered on the exam. A mock exam as well as a session on the oral exam will be presented.

Register today!

Complete registration form and send to: secretariat@accenet.org

Welcome to All the New Members

Name	Class	Job Title	Organization	Country/ State
Rebekah Marotta	Candidate	Grad Student/Clinical Eng Intern	UCONN/MGH	MA/USA
Gerardo Pineda	Associate	Application Specialist	Roche Diagnostics	Honduras
Priyanka Upendra	Individual	Clinical Technology Analyst	Stanford Health Care	CA/USA
Vickie T. Snyder	Individual	Consultant	Independent	MN/USA
Elsie E. Dei Anane	Associate	Biomedical Equipment Tech II	Quest Diagnostics	CA/USA
Anibal Tony Cre-spo	Institutional-Associate	Biomedical Equipment Planner/Project Manager	New York Presbyterian Hospital	NY/USA
Kerry Riek	Institutional-Associate	Associate	ECRI Institute	PA/USA
Adam Setzler	Institutional-Associate	Clinical System Engineer	Kaiser Permanente	CA/USA
Carol Barquis	Institutional-Associate	Clinical System Engineer	Kaiser Permanente	CA/USA
Jeffrey J .Fahsel	Institutional-Associate	Clinical System Engineer	Kaiser Permanente	CA/USA
Stewart Mehrens	Institutional-Associate	Clinical System Engineer	Kaiser Permanente	CA/USA
Jose de la Barra	Institutional-Associate	Operations Manager	Kaiser Permanente	MD/USA
Michael Sarabian	Institutional-Associate	Clinical System Engineer	Kaiser Permanente	CA/USA
Frank Mikel	Institutional-Associate	Director/Clinical Technology	Kaiser Permanente	CA/USA
Donald J. Dunn	Institutional-Associate	Sr. Clinical System Engineer	Kaiser Permanente	CA/USA
Eric T. Burge	Institutional-Associate	Clinical System Engineer	Kaiser Permanente	CA/USA
Lan L. Cai	Institutional-Associate	Clinical Engineer	Kaiser Permanente	CA/USA
Shane A. Hockett	Institutional-Associate	Clinical Technology NW Regional Super-visor	Kaiser Permanente	OR/USA
Patrick C Headley	Institutional-Individual	Manager	University of Virginia Health System	VA/USA
Tea Arapovic	Institutional-Associate	Clinical Engineer	University of Virginia Health System	VA/USA
Renee Huval	Institutional-Candidate	Biomedical Engineer	VA-Greater Los Angeles Health System	CA/USA
Charlene Williams	Institutional-Associate	Project Manager	Cedars-Sinai Medical Center	CA/USA

Congratulations to the following members - upgraded to Individual Member Status:

Catherine Weitenbeck	Clinical Engineer	UCSF Medical Center	CA/USA
Avinash Konkani	Clinical Engineer	University of Virginia Health System	VA/USA
Helen Hio-Ton Cheong	Clinical Engineer	Brigham and Women's Hospital	MA/USA

Welcome to our newest Institutional Member: University of Virginia Health System

AAMI Update

Post-Summit Report Aims to Make Risk Management Everybody's Business

There is wide recognition that caring for patients can be a risky business. Yet, the compelling need for greater responsibility and accountability in managing risk does not match the reality in healthcare delivery. A new report about a September 2015 summit hosted by AAMI and the U.S. Food and Drug Administration (FDA) aims to identify the barriers and priority actions for strengthening the discipline and practice of risk management for healthcare technology.

The report, *Making Risk Management Everybody's Business: Priority Issues from the 2015 AAMI/FDA Risk Management Summit*, includes broad, multidisciplinary perspectives from device manufacturers; healthcare delivery organizations; regulators; standards development organizations; patient safety organizations; clinicians; safety, risk, and quality management professionals; healthcare technology management professionals; and systems engineers who attended the summit this past September.

Their discussions yielded the following clarion themes:

1. Recognize that everyone in healthcare is a risk manager.

2. Develop shared understanding of the risks—and benefits—of healthcare technology.

3. Adapt systems engineering principles, practices, and tools for risk management.

4. Engage in a total life cycle approach to risk management, which is required to effectively manage risk.

Create new practical tools to continue advancing the field of risk management for healthcare technology.

To download the complimentary report, please visit www.aami.org/risk_management_summit_report.

AAMI's Supportability Task Force Creates Checklists

To help prevent adverse events related to the improper use of replacement parts in healthcare technology, AAMI's Supportability Task Force has compiled two checklists regarding the proper development, selection, and use of replacement parts. One checklist is geared toward healthcare technology management (HTM) professionals, while the other is aimed at manufacturers.

Replacement Parts Checklist—HTM

- Is the part an exact replacement from the manufacturer of the device or part?
- If it is not, are the specifications identical?
- Does the part affect the accuracy of the device?
- Does the parts provider offer a warranty at least equal to the manufacturer?
- Does the parts provider fully test each part before making it available?
- Does the parts provider have ISO or another type of quality certification?
- If the parts provider isn't the manufacturer, does the provider have a relationship with the manufacturer?
- Is the parts provider financially sound and likely to be around for a while?
- If you send a device out for repair, how do you verify the quality of the repair when it comes back?
- Does the parts provider offer a wide selection of quality parts or is it a niche provider?

If you have used third-party parts and require manufacturer assistance, will the manufacturer require you to replace those parts with its parts before doing any work?

Replacement Parts Checklist—Manufacturer

- Are there restrictions on what cannot be serviced by the customer?
- Are those restrictions clear?
- For items that cannot be serviced by the customer, is there an explanation as to why? For example, is a special calibration fixture or test setup required? Without an explanation, the repair personnel cannot defend to management why OEMs must make certain repairs when, at first glance, those repairs appear to be able to be performed in-house or by a third party.
- Consider providing drawings that indicate what components/subassemblies are and are not user-replaceable.
- For restricted components/subassemblies that are likely to be serviced, consider labeling them as "not user replaceable" and providing an explanation in the service manual.
- Consider tamper-evident seals for access to restricted components.

When a device is returned for repair, inspect it to determine if unauthorized repairs were made. For example, does the batch/lot number of a critical part match the device master record (DMR) of when it was originally assembled? Are the calibration parameters the same as they were originally? If not, these are signs that the device might have had unauthorized work performed.

Foundation Report Makes Case for Continuous Monitoring of Patients Receiving Opioids

The AAMI Foundation has released a compendium that describes the serious risks faced by patients receiving opioids and the potentially life-saving benefits of continuous electronic monitoring (CEM). The report, *Opioid Safety & Patient Monitoring: Conference Compendium*, includes diverse perspectives from stakeholders who attended the kick-off meeting for the National Coalition to Promote Continuous Monitoring of Patients on Opioids.

Continuous respiratory data and other vital sign information from electronic monitors can identify subtle changes in respiration, detect trends, and provide clinicians with actionable information that is not readily apparent from a two- or four-hour spot check of vital signs.

"CEM isn't the only answer, but it's a funda-

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View from the Penalty Box

As we start off a new year many of us have looked back over the past year or years looking at what went right and what went wrong. How have we progressed professionally and personally? But most of all, what we did to help others are our key points to review. Clinical Engineers are very good at helping others, be they sick, injured, confused or just drifting in life. We are also very good at trying to improve patient care, hold down costs and educate those outside of our profession on what we do and why. I just wish we could do more in educating politicians, insurance people and administrators. But to be educated those people must have an open mind. Maybe we need to upgrade our skills on opening minds so they can be educated. Any suggestions?

As we move into 2016 we are bombarded with political messages, most are pure "bull", but a few do have some good points. Unfortunately, from my point of view, the ratio is about 99 to 1, with bull in the commanding lead. I just hope that whoever is elected will listen to all input and not just from the "one percenters'" views. It will be interesting to see how many of the incumbent members of Congress will be challenged in the general election. It will probably be only a few as too many people with good ideas and willingness to work towards a common goal will be pushed aside by those just looking after the special interests of their backers. Is that how someone worth 34 million dollars can claim poverty?

Shifting gears, please think back to the mid-80's, to when there was a big push to use electric stimulation for chronic pain relief. What happened to that technology? It sounded good but many of us that looked at it did not have the time to fully investigate if it was fact or fiction. If it was and is fact we need to bring it back to center stage as it could not only solve many health issues but also reduce the crime rates as "recreational pharmacology" could be a thing of the past. Maybe we all need to go back into our files and look at technology that did not make it to market to see if it was a viable product and would help reduce healthcare costs while improving the lives of those in need. It seems like raising money for startups is nowhere near as difficult now as it was back then. You could go on "Shark Tank", or do a "Go Fund" page. Collectively we, clinical engineers, have a tremendous knowledge base that needs to be mined, or if you are in the Mid-West, fracked, to get these ideas out and in use. Many people say "to predict the future look to the past" so please look and share ideas as we are very capable problem solvers.

Now, moving on to take my usual shot at our IT colleagues. Not being sure about all geographic areas I will confine this comment to New England. How can the IT department justify a work force of about 1.4 to 1.6 people per bed space in a medical center? In clinical engineering departments we average between 700 and 1,100 devices per technical person, with many of the devices connected to IT. In a local hospital the people in clinical engineering kept track of "device problems" that were caused by IT problems and it averaged over 20 per month. One problem that was reported, years ago, was that the IT person changed a password that basically shut down several imaging devices. Unfortunately the CE personnel never thought to check for the password change. I wish that the IT people that I have interacted with would have admitted it when they made a mistake. It is always a glitch of some unknown origin that shut the system down. Never is it something that they did or did not do. But we play by other rules where if we are wrong, very rarely, we admit it and work to correct the problem.

In closing, please take a little time out of your hectic schedule to spend with family and friends as all too many are drifting off or being moved to the other side of the grass. It feels good and helps keep us on track.

Dave Harrington
dave@sbttech.com

Articles Wanted for El Hospital Magazine

In 2015 ACCE signed an agreement with the Spanish language magazine "El Hospital" to produce a series of articles on technology to be published in the printed and digital version of the magazine, and on the blog on their website. El Hospital is the largest specialized publication on healthcare facilities and technology circulating among hospital directors and administrators, health professionals, and engineers in Latin America, the Caribbean and Spain.

The articles are translated and published in Spanish. They are available free of charge. All you need to do is log into the El Hospital website: www.elhospital.com . You can register at the site to get additional information.

Two articles and two Blogs were published since this agreement. You may also get the published articles & blogs at the following addresses or from ACCE Website/What's New section:

Doce aplicaciones médicas para teléfonos inteligentes

Tendencias en Regulación de Dispositivos Médico

Cuando reemplazar la tecnología medica

Por qué usar tecnologías de información (TI) en los hospitales?

If you are interested in writing articles or blogs for the El Hospital, please contact Suly Chi at secretariat@accenet.org

Antonio Hernandez,
International Committee Chair

internationalchair@accenet.org

Journal of Clinical Engineering Subscriptions for ACCE Members

ACCE members receive a discounted subscription to the Journal of Clinical Engineering for only $99! (Originally $253). You must login to the ACCE website to view the code and then enter it here: http://www.lww.com/Product/0363-8855

ACCE Board Receives Preliminary Report on "Body of Knowledge" Survey

In order to assure that the Certified in Clinical Engineering (CCE) exam matches the standard of practice in the clinical engineering community, periodically a "Body of Knowledge" (BoK) survey is conducted within the clinical engineering community. Such a survey was recently conducted by ACCE. Although results of that survey have not been completely analyzed and finalized yet, the following is a PRELIMINARY report provided by the BoK Committee to the ACCE Board.

With the raw BOK survey data, we reviewed and cleaned up the responses so that we could better filter and analyze the data. We looked at the demographics of the responses, the knowledge section, and the categories of work. For the questions that had a high, moderate, minor or no ranking, we assigned numbers, 3,2,1,0 respectively, so that we could easily find the averages to compare. There were a total of 472 responses to the survey, and the majority of the responses were from the USA, but surprisingly 97 of the responses were from Brazil. We found that the question that asked about the "nature of your position" was a good filtering question, so that we could only look at those in HTM. Under the knowledge section, Regulatory Standards/Codes was the highest importance, followed by Physiological Monitoring. For the categories of work section, we analyzed the data for all responses and then for just HTM, and we also compared the data to the previous years' data. We found that technology management and service delivery management were still the top two categories for percent of time spent. We were surprised to see that the percent of time on IT did not increase much from previous years. In each category of work, specific activities were ranked by importance, and we found that the number one activity in each work category was the same between all respondents and just HTM, but in half of the categories the number two activity differed. Also, in only half of the categories, the number one activity changed from what it was in 2006. Overall the categories of work percentages and activities have not changed much.

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Katherine Navarro
Sarah Brockway
Body of Knowledge Committee members

ACCE News Articles Wanted

ACCE News is always looking for newsworthy articles and relevant opinions/columns of interest to the Clinical Engineering community. Articles should be previously unpublished and 500-1,500 words in length. If you have an article, or wish to discuss article ideas, please contact one of the newsletter editors. Photos of recent clinical engineering related events are also welcome.

Thanks

Ted Cohen, co-editor ACCE News
editor@accenet.org

AAMI continued

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mental part of any meaningful solution," said Marilyn Neder Flack, senior vice president of patient safety initiatives at AAMI and executive director of the AAMI Foundation. "Many hospitals are saving lives by integrating technology as a tool to support the work of clinicians."

In addition to issuing a call to action, the compendium outlines the strategies eight hospitals have used to make the business case for and implement continuous patient monitoring, as well as provides insights from experts at the Westchester Medical Center in New York, the ECRI Institute in Plymouth Meeting, PA, and the San Diego Patient Safety Council in California.

New Guidance for Establishing an HTM Association

AAMI has published a new guide for establishing a local healthcare technology management (HTM) association. This guide, aptly called *How to Establish and Formalize an HTM Association*, aims to provide the most complete information about what a successful organization needs to do to develop, sustain, and promote itself.

The process of establishing a local HTM association, whether it is city, state, or regional, can be a complicated task. This booklet outlines a suggested path for establishing a new association that ranges from determining interest level and raising operating funds to applying to become a federal tax-exempt organization, creating a website, and increasing membership.

The new guide builds on a similar publication produced in 2004 by AAMI's Technology Management Council. A committee of dedicated AAMI members restructured the content and updated guidance to reflect advances in technology. The full text of the guide is available at www.aami.org/establish_htm_association.pdf.

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HIMSS 2016 (2/29– 3/4/16): ACCE Co-sponsored Events

Pre-conference symposia: Health IT Safety Symposium ***(separate registration required)***
Health IT Safety Culture: Working Together to Improve Patient Care
Date: Monday, February 29, 9:00 AM - 5:00 PM
Location: Sands Expo & Convention Center
Description: This symposium educates you on strategies, which improve Health IT safety and quality of patient care. Providers and Health IT developers share their experiences and work together to develop tools, which improve clinical decision support, Health IT safety culture and safety.

Pre-conference symposia: Cybersecurity Symposium ***(separate registration required)***
Cybersecurity: Time to Improve Your Posture
Date: Monday, February 29, 8:15 AM - 4:30 PM
Location: Sands Expo & Convention Center, Room# Lando 4205
Description: Hospitals, payers, and business associates are increasingly leveraging the Internet, medical and mobile devices in order to improve care, lower costs, and retain competitive advantage. With this shift to digital comes increased risk to protected health information (PHI). Healthcare organizations need an improved security posture to avoid compromise and breach. This symposium will help guide your information security posture to re-align and defend against emerging cyber threats.

Related session: Biomedical Devices – Could Lack of Security Harm Patients? 12:45PM – 1:45PM speaker: **Steve Grimes**

ACCE Education Session # 20 — Medical Device Patching – Factors for Strategy and Execution
Date: Tuesday, March 1, 2016, 10:00 AM - 11:00 AM
Location: Sands Expo & Convention Center, Room Delfino 4102
Description: This session will begin to break-down the challenges of medical device patching from a regulatory, policy, and operational perspective. By outlining a tiered approach, this session will walk through the key elements of a medical device patch management program including C-Suite Level Strategy, Life-Cycle & Change Management, Automation, and Execution. Participants will also gain an understanding of the limitations of a patch management program and the mitigating controls that should be considered.

Speakers:
Axel Wirth, CPHIMS, CISSP, HCISPP
National Healthcare Solutions Architect, Symantec
As Solutions Architect, Axel Wirth provides strategic vision and technical leadership within Symantec's Healthcare Vertical, serving in a consultative role to healthcare providers, industry partners, and health technology professionals. Drawing from over 25 years of international experience in the industry, Mr. Wirth is supporting Symantec's healthcare customers to solve their critical security, privacy, compliance, and IT management challenges. He is an active participant in industry organizations and a frequent speaker at conferences, forums, and webcasts on subjects such as cybersecurity, medical device security, mobile health infrastructure, compliance automation, IT infrastructure optimization, and other healthcare-specific topics. His extensive background in the healthcare IT and medical device industries includes engineering leadership as well as strategic business development and marketing roles with Siemens Medical, Analogic Corp., Mitra Inc., Agfa Healthcare, and currently Symantec Corp. His education includes a BS Electrical Engineering degree (EE) from Fachhochschule Düsseldorf and an MS Engineering Management degree (MSEM) from The Gordon Institute of Tufts University.

Ron Mehring, MBA, CISSP
VP Technology & Security, Texas Health Resources
Ron Mehring serves as VP of Technology & Security for Texas Health Resources, where he leads Technology Operations, IT RIsk Management & Assurance, IT BC DR Program and Technology & Security Performance, and Standards teams. Ron began his career in technology for the United States Marine Corps. After 21 years of military service, Ron retired from Marine Corps and joined the Department of Veterans Affairs where he led the Compliance Assessment teams within the newly formed Oversight & Compliance group. He also served as the Department of Veterans Affairs, Deputy Director for Network & Security Operations. Ron holds an MBA in Risk Management from NYIT and is a Certified Systems Security Professional.

HIMSS 2016: ACCE-co-sponsored events continued

Clinical Engineering & IT Community/ACC Awards Reception (sponsored by Draeger Medical)
Date: Tuesday, March 1, 6:00 PM - 8:00 PM
Location: Convention Center, Bellini 2101
Network with ACCE members, leaders of the Privacy & Security Steering Committee, participants in the Clinical Engineering & IT Symposium, and experts from the Interoperability Showcase/IHE Patient Care Device Domain – all are welcome to attend! Please RSVP to: https://surveys.himss.org/checkbox/Survey.aspx?s=9166586b17fc4e84bbd139b2f2c767d0

HIMSS16 Awards Banquet (optional event, separate registration required)
Date: Thursday, March 3, 6:30 PM - 9:00 PM
Session ID#: NETAWD
Location: Wynn Hotel, Latour Ballroom

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 Paul Sherman, ACCE President in congratulating the *2015 ACCE/HIMSS Excellence in Clinical Engineering and Information Technology Synergies Award recipient: Jennifer Jackson.*

2015 ACCE/HIMSS Excellence in Clinical Engineering and information Technology Synergies Award recipient: Jennifer Jackson

Jennifer Jackson, MBA, CCE is the Director of Clinical Engineering and Device Integration within the department of Enterprise Information Services(EIS) at Cedars-Sinai Health System in Los Angeles, CA. Her overall responsibilities are for the operations, strategy, and growth of the clinical engineering portfolio in effort to lead the institution in new advanced directions that address the convergence of information and medical device technology. Recent accomplishments include implementing a bidirectional communication interface between the Cedars-Sinai eMAR system and IV pumps for all adult inpatient settings, completing physiological monitoring device integration with the Cedars-Sinai EHR, and overseeing the tremendously successful transition of Clinical Engineering to the CSMC EIS department.

She is certified as a Clinical Engineer, has a B.S. in Biomedical Engineering from Boston University and a Master's in Business Administration from Babson College. She is the previous chair of the Medical Device and Patient Safety Task Force of the Health Information Management Systems Society (HIMSS), and is a past president of the American College of Clinical Engineering (ACCE).

"Jennifer epitomizes the spirit of the 'Synergies' award. She's worked on device interoperability for about as long as I've known her. Jennifer's enthusiasm and dedication to Healthcare Technology Management and Health Care IT partnership affects those around her. She introduced me to the IHE efforts at an early showcase, which brought my analog self into the 21st century and helped me get involved. By continuing those efforts at the point of healthcare delivery, Jennifer enables the growth CE-IT synergies." **Paul Sherman, ACCE President**

Enhanced HIMSS Interoperability Showcase
Location: Exhibit Floor, Hall G, Booth# 11954
This year the **HIMSS Interoperability Showcase™** will play a critical role in leading the evolution of health IT and healthcare. With 36,000 square feet and 140 systems and devices in one space – the Showcase™ explores how interoperability affects the full spectrum of care. From home to hospital, birth to death, PCP to EHR – health IT and interoperability are changing the future of healthcare.
Explore the value of standards-based health information exchange. See how the collective impact of health IT solutions demonstrate seamless health information exchange and true continuity of care resulting in improved outcomes, more engaged consumers and regulatory compliance. The largest interoperability education destination on the exhibit floor, the **HIMSS Interoperability Showcase™** is an interactive, vendor-neutral environment with 22 vignettes designated for clinical, business and revenue cycle scenarios, plus HIMSS Innovation Center, ONC/FHA and IHE partnerships. Each vignette demonstrates a unique experience and perspective of the healthcare continuum that displays interoperability up close in real-world customized settings, allowing you to witness each step of the journey along the way.

2015-2016 Educational Webinars, Remaining Sessions

10 Mar 16	Collaborative Support Models for Health Information Systems
14 Apr 16	Privacy and Security in Clinical Engineering: Annual Update
12 May 16	Reusable Medical Equipment: Strategies for Maintenance and Workflow Efficiencies
9 Jun 16	Next Generation Medical Device Integration

Fees:

Single Session, member, 1 log-in: $150 per session

Single Session, member, 2 log-ins: $240 per session

Single Session, non-member, 1 log-in: $195 per session

Single Session, non-member, 2 log-ins: $315 per session

Refer to the web site link below for more information:

http://accenet.org/NewsEvents/Pages/Webinars.aspx

ACCE Calendar

February 28
Deadline to submit nomination package for 2016 CE Hall of Fame

February 29—March 4
HIMSS 2016
Las Vegas, NV
Register here

March 1
2016 CE-IT/ACCE Awards Reception
Las Vegas, NV

June 2,3
CCE Review Session
Tampa FL

June 5
ACCE Membership Meeting/Awards Reception
Tampa FL

June 3-6
AAMI 2016 Conference & Exhibition
Tampa FL

Contributions to the ACCE newsletter are always welcome. For ACCE Newsletter Guidelines, please go to:

http://accenet.org/publications/pages/newsletterinfo.aspx

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