

ACCE News

Newsletter of the American College of Clinical Engineering

July-August 2018

Volume 28 Issue 4



Congratulations to the 2018 Class of CCEs!

In this Issue:

2018 Class of CCE	<u>2</u>
Penalty Box	<u>3</u>
HTF News	<u>4</u>
2018 Officer and Board Elections	<u>5</u>
Welcome New Members	<u>5</u>
Peruvian Association of Clinical Engineers	<u>6</u>
Perspectives from ECRI	<u>6</u>
AAMI Update	<u>7</u>
International Advocacy	<u>8</u>
Thank you from Education Committee	<u>9</u>
ACCE at 2018 NCBA	<u>10</u>
ACCE at CEAI 2018	<u>11</u>

President's Message



Greetings from California!

It is a great honor to be re-elected as the President of American College of Clinical Engineering (ACCE). Many thanks to all the ACCE members who entrusted me and the new Board with this privilege. I would like to welcome new Board members, Pratyusha Pedaprolu as Vice President, Priyanka Upendra as Secretary, and David Braeutigam, James Caporali, Kim Greenwood as Members at Large. I would also like to thank the outgoing ACCE Board members for their work - Alan Lipschultz, Vice President; Elena Simoncini, Secretary; and Members at Large: Joan Brown and Shelly Crisler.

Promoting the Profession

ACCE, since its founding in 1990, has been working very hard to enhance the profession of clinical engineering. One of our missions is to promote the safe and effective application of technology to enhance patient care.

Recently, the ACCE Board provided a response titled "The MITA narrative on third-party equipment service lacks merit: ACCE" to the MITA's Executive Director in a DOTmed editorial (<https://m.dotmed.com/news/story/44127>). ACCE strongly believes it is important that we, as the experts, must weigh in on these matters on behalf of the profession. Many thanks to Stephen Grimes (Past President, ACCE and Liaison to MITA) for assisting and formulating the response on behalf of the ACCE Board. I strongly encourage other ACCE members to be on the lookout for editorials and articles in the media and other legislation/regulation in their respective states that may have a potential impact on the safe implementation of medical technology. For those that do, please bring them to the attention of ACCE Board.

I encourage all ACCE members to view the new Netflix documentary called "The Bleeding Edge" about the dangers of medical devices. ACCE members, as the leading medical device professionals, need to engage more and determine what we can do as a profession to mitigate the dangers of medical device implementation in the hospital. After viewing the documentary, if you have any suggestions about what ACCE should be doing, let me know.

I also encourage you to check on the ACCE Blog and send your comments at <https://accenet.org/ACCEBlog/default.aspx>.

Certification

I would like to congratulate the 14 Clinical Engineers who passed the CCE examinations this year. Supporting and promoting the Certification in Clinical Engineering Program (CCE) among the clinical engineers was one of last year's goals of the ACCE Board. We plan to continue this goal this year. ACCE offers excellent certification resources every year to help aspiring CCEs, such as the CCE Study Guide, the CCE review webinars, and the CCE review course.

Close Relations with Affiliated Groups

The ACCE Board has reached out to different groups who share the common interest of ensuring the safe application of technology and promoting the profession. ACCE has increased the

(Continued on page 2)

President's Message (Continued)

(Continued from page 1)

participation and support of their activities.

2018 ACCE BOK Survey

The Body of Knowledge (BOK) survey closed on July 31st. Thank you to everyone who participated. The results from this survey will be used by the US and Canadian Board of Examiners for Certification in Clinical Engineering in designing the CCE exam. We look forward to the final results that will come out soon.

ACCE Goals for 2018/19

We plan to continue with the goals established last year:

1. Promote and Increase ACCE membership
2. Promote and Support Clinical Engineering Certification
3. Enhance Educational Opportunities for those in Clinical Engineering and

develop closer ties with academic educational programs (Clinical Engineering and BMET Technology Associate Degree programs).

4. Move forward with Strategic Planning
5. Build closer relations with affiliated groups - e.g., AAMI, HIMSS, ASHE, AIMBE...
6. Increase international outreach of ACCE
7. Increase community outreach and promoting the profession
8. Restart ACCE CE-IT Symposiums at HIMSS.

I am asking the membership to come forward with their thoughts and support to move forward with these goals.

Until next time.

Arif Subhan
President, ACCE
president@accenet.org

ACCE News

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

Managing Editor

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

Co-Editors

Ted Cohen
tedcohen@pacbell.net
Jared Ruckman
jared.ruckman@live.com

Circulation & Address Corrections

Suly Chi, ACCE Secretariat
Secretariat@accenet.org

Advertising

Dave Smith
advertising@accenet.org

ACCE News is a benefit of ACCE membership; nonmembers may subscribe for \$75.

To subscribe e-mail Secretariat@accenet.org
Copyright © 2018 by ACCE

ACCE Congratulates the 2018 Class of Certified Clinical Engineers!

Name	Location	Organization
Juliana Angel-Citrone, CCE	MA, USA	Mass General Hospital
Leslie Baggesen, CCE	CA, USA	Kaiser Permanente
Adam Belanger, CCE	MD, USA	Naval Medical Logistics Command
Krista Edwards, CCE	AZ, USA	Veterans Administration
Michael Golden, CCE	MA, USA	Boston Children's Hospital
Ben Graham, CCE	MD, USA	Kaiser Permanente
Mariana Hu, CCE	CA, USA	Kaiser Permanente
Daisha Jensen, CCE	ID, USA	Veterans Administration
Stephen Kulju, CCE	AR, USA	Veterans Administration
Janine Maier, CCE	VA, USA	Kaiser Permanente
Jaspreet Mankoo, CCE	MA, USA	Veterans Administration
Justin Marquardt, CCE	OR, USA	Kaiser Permanente
Mohamed Rezgui, CCE	UAE	The Cleveland Clinic Abu Dhabi
Brian Taylor, CCE	NC, USA	Veterans Administration

View from the Penalty Box

Trying to write a column in this weather is difficult. The temperatures are over 90 degrees. The humidity is in the 70 to 80% range, and this is New England, not the south. But compared to other parts of the country, and the world, we have little to complain about. There are no fires, floods, or earthquakes. As long as the electricity hangs in there, we will be fine.

I have never been much for politics, but we have got some serious problems with the government that will work its way down and force us to do more with fewer resources. Too many people making decisions on healthcare know nothing about healthcare. We are all suffering because they do not listen to those of us who have some knowledge and potential solutions for the problems.

When I first started college, one of the professors said to the class, “an engineer cannot know everything, so listening to other engineers will help solve the problems”. We as engineers proved to be good listeners. We got people into space and brought them back. We got to the moon and back. We developed fantastic machines to breath for us, act as kidneys, and hearts, replace the knees, hips and other great things that we came up with. We have worked long and hard to help others with our knowledge of technology. Even with all of our progress, we, as a profession, still spend too much time on things that do not matter. As we have done many times before, we write reports which are never read or responded to. Just think about all that you could do on costs and patient care if you were allowed to do the work.

What is keeping us from using our knowledge to improve the devices we use

on a daily basis? Problem number one is the FDA and their regulations, probably composed by lawyers who get paid by the word count. This leads to overly complicated and restrictive requirements. Even if a new device or drug is very effective, it can take five or more years to get the product into the market. If I have a terminal condition and there is a drug or device that is working, please let me have or use it. We all have seen too many people with problems that can be resolved as long as you have five-plus years to wait for it to be brought to market. There are many drugs and devices in this approval line that could be saving lives or at least making the patient more comfortable. As we await, the lid being closed on us. As a side note, when ACCE started, there were a number of members that were employed by the FDA. At last check of the membership list, there were none. Did we scare them off with our push to solve healthcare problems? We need them in our ranks as they need us in their ranks to provide better and less costly healthcare.

When it comes to technology, we have to take a lead position and provide the overview of all the technology available to solve the problem at hand. How many of you remember when you wrote something on a MAC, and then a Windows operating system could not read it? That problem was addressed, and we moved on. Now we have the problem of Electronic Medical Records systems not talking to each other. The genius that put the EMR systems together just looked at the data and not how it was obtained or used. Billions have been spent simply because nobody asked if the systems under consideration could talk with the existing systems in the hospital and with the systems used by referring



physicians. If we, the engineers, were involved early on, so many problems could have been avoided, money saved and better healthcare provided. But we were put into a cave in the bowels of the hospital generating reports that mean nothing, and are not read except once every 3 years when the Sea Gulls show up, (also known as the Joint Commission).

As a profession, we have a tremendous amount of knowledge that should be tapped by the leaders of the hospitals, but all too many of them do not know what we are capable of. We have to market our skills and abilities to put things together properly. Simply stated, we need to get out and interact with people in the hospital, where we work, and with engineers at other hospitals and agencies. Your skills are in desperate need by healthcare to better serve everyone's needs.

Thank you for your comments over the years.

Dave Harrington
Dave@sbtech.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. Send manuscripts to William or Michael Leven-Epstein at: michael.levinepstein@gmail.com

Healthcare Technology Foundation News

Marriage

I had the good fortune to get married last month, and now I have my rose colored glasses on. Life is good and full of wonder, and I wanted to share.

We went to Jamaica for our honeymoon. It is really hot in July in Jamaica- who knew?! The closer to the equator- the hotter it gets – duh! Also, the closer you get to the equator, the less the tides vary. High to low tide was about a foot at most. Much different than here in New England.

There were AED's all over the place, I suspect that is based on the age of the cliental. (As I age, my concept of old has become a moving target. I am at the age, where I thought my parents were the walking dead. Now old is like 100 or more.) The point about the AEDs is that they were all in highly visible locations and for the most part in the sun. I wondered how the batteries fared. My phone overheated in 45 degrees when I left it out in the sun. I wonder how often device failures are a product of improper storage?

There was one small incident while I was there. Someone dove into a pool despite all the signs about the pool only being 4 foot deep and such. They went in, clonked their head, and then came up looking a bit surprised and in pain. Holding their neck, it was clear they needed assistance. The lifeguards responded immediately, and with great skill,

packaged the person up while waiting for the local EMS to arrive. Alcohol was involved, and the person was clearly not interested in the help he was getting. While the care at the resort was top notch, I was curious as to the level of care that would be available the rest of the time. I have traveled in many countries and have been very impressed with the quality of care. Some of the most sophisticated care systems were in Singapore and Japan. I was glad I was not on the backboard about to experience the Jamaican healthcare system. I think we take for granted our ready access to good healthcare here in the US.

I am about to head off to the Military Health Systems Research Symposium, an annual meeting focusing on just what it says. This year there is more of a focus on autonomous care; sort of self-driving cars for healthcare. I have written on this before and the amount of effort being focused on this continues to increase. I will add more after the meeting. The need for providing a high level of quality care is an issue, whether on a trip to Mars, a humanitarian mission to a disaster area, or while providing care in an impoverished area. Perhaps on a transport flight from Jamaica to a trauma center?

Stay safe and enjoy the summer.

*Paul Coss, RN
President, HTF
president@thehtf.org*



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

HTF Future Projects

Have a great idea to share? Please let us know if you have any suggestions on projects for HTF that will meet our mission:

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!

*Paul Coss, RN
President, HTF
president@thehtf.org*

*Jennifer C. Ott, MSBME, CCE, FACCE
Secretary, HTF
secretary@thehtf.org*

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 to enter code.



2018 ACCE Officer and Board Election

Thank you for participating in the 2018 ACCE Officer and Board Election and casting your important vote. The election for ACCE's new Board for the year 2018 has been finalized and the Board has approved the results.

The election ballot was emailed to 301 eligible members, who include Individual, Fellow and Emeritus members in good standing. Institutional/Corporate Fellow and Individual members also participate in elections. Of the 301 members, 115 votes were received between July 2 and July 20, 2018.

The new Board of Directors will take office as the governance body for ACCE on August 24, 2018. We are pleased to announce the 2018-2019 team and, as always, we look forward to serving you and your needs.

Title	Name	Votes received
President	Arif Subhan, MS, CCE, CHTM, FACCE	109
President Elect	Ilir Kullolli, MS	109
Vice President	Pratyusha Pedaprolu, MS	112
Secretary	Priyanka Upendra, MSE, CHTM	110
Member at Large	David W. Braeutigam, ITIL, CBET,	107
Member at Large	James Caporali, MS, CRES, SASHE	109
Member at Large	Samantha Jacques, PhD, FACHE	108
Member at Large	Kim Greenwood, MASc, CCE, CET,	110

The following Board member will be continuing the second year of his 2nd term:

Title	Name
Treasurer	James Panella

The following Board member will remain as Immediate Past President when the President takes office for his second term:

Title	Name
Immediate Past President	Petr Kresta, MS, P.Eng.

Elena Buckley
 ACCE Secretary
secretary@accenet.org

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
Anna Kah	Candidate	Grad Student	University of Toronto	Canada
Ken Marzin	Associate	Service Site Asset Manager	Canon Medical Systems, USA	VA/USA
Zachary Arose	Institutional/ Associate	Biomedical Engineer	Chalmers P. Wylie Veterans Affairs	OH/USA
Michael Link	Individual	Biomedical Engineering Manager	Sturdy Memorial Hospital	MA/USA
Ratish Kumar	Candidate	BME Supervisor	Hospital Sisters Mission Outreach	IL/USA
Robert Ayala	Individual	Biomedical Engineering Director	CENETEC	Mexico
Jennifer Nichols	Individual	Director of Clinical Engineering	TRIMEDX	IN/USA
Chris Schabowsky	Institutional/ Individual	Senior Investigator	ECRI Institute	PA/USA
Michael Link	Individual	Manager, Biomedical Engineering	Sturdy Memorial Hospital	MA/USA

Peruvian Association of Clinical Engineers (ASPIC)

The Peruvian Association of Clinical Engineers (ASPIC) is a non-profit association formed at the end of 2017 by a group of professionals committed to an important mission: to promote activities for the continuous development of Clinical Engineering in Peru, and to contribute to the patient safety and humanization of the healthcare system. **We are motivated by the intention of disseminating Clinical Engineering to all of Peru!**

Due to the opportunities for improvement in the Peruvian Healthcare Sector, such as the standardization of procedures, generation of value in all sectors (private, public, military, and social security), improvement of the "soft skills" and leadership competencies of the professionals, culture of updating and benchmarking, support to the universities in a functional and need for a valuable curriculum, among others; We decided to create the ASPIC. We believe it will be an opportune space to build and work as a team on these issues.

In addition, it will allow its members to:

- become aware of new technologies and procedures,
- improve their professional skills,
- add value in their organizations,

- and, above all, become ambassadors of patient safety and humanization of Healthcare.

Currently, ASPIC is developing a strategic plan for 2018-2020. Also, commemorating the **"Clinical Engineering Day - #CEDay"**, ASPIC will carry out an activity to represent the association.

Finally, we must mention that our activities will always contribute in some way to the Sustainable Development Goals of the United Nations (SDG).

Thanks to the ASPIC Team that made this dream come true: Jessica Gisel Coronado Giles, Mery Vidal Vidal, Álvaro Felipe Miyahira Terán, Joe Ángel Mochcco Santa Cruz and Walter Gianni Ríos Barzola

*Mery Vidal Vidal, CCE
ACCE Member, ASPIC President*



informes@aspicperu.org



From left to right: Walter Rios, Jessica Coronado, Mery Vidal Vidal, Joe Mochocco, and Alvaro Miyahira

Perspectives from ECRI Institute

Science in Action: an update from the Health Devices Labs

Ah July. ECRI Institute has new picnic tables out front, the ocean water at the Jersey Shore has passed from cold and grey to warm and grey, and all of our European vendors seem to be on vacation. What better time to spend some hours in the lab beating the heat and catching up on upcoming Evaluations?

1. **Operating Room Tables:** it only *looks* like we're storing dead bodies. ECRI Health Devices engineers got a great workout moving piles of sandbags on and off of OR tables to test how well 'smart' table alarms can help keep users and patients safe. Modern tables are designed to alert users far before safety hazards like collisions or overbalancing occur, but, of course, there are always new things to learn. For example, while a table can alert before its edge comes close to the floor, it can't tell you that someone had better move that patient warming device that was inadvisably placed on the table base,

before it gets squished. Our testing will focus on the human factors, ergonomics, and safety of moving into and maintaining programmed positions before and during surgical procedures.

2. **Powered Surgical Staplers:** anyone have a recipe for Hog Maw? In order to test comparative performance of powered surgical staplers, we needed a way to watch them in action. With no human volunteers at hand, we entered extensive discussions with manufacturers of these devices about how they conduct their own internal testing. Along with discovering what sounds like the worst possible internship title, "Assistant Pig Stomach Washer", we learned about the challenges of characterizing test tissues like pig stomachs and intestines. Unsurprisingly, measuring the actual thickness of a

(Continued on page 7)

Perspectives from ECRI Institute (Continued)

(Continued from page 6)

tissue that squishes under even light pressure takes some fairly specialized equipment and techniques. We've developed a test protocol that will allow us to compare the staplers under consideration in terms of their ease of use, performance on representative tissue, and safety for both the operator and patients.

3. Hand Hygiene Observation (HHO) Apps: beating the Hawthorne Effect. Healthcare facilities are exploring a lot of options for making sure staff are washing their hands appropriately. So far, we've looked at group-level and individual-level (including RTLS-based) hand hygiene monitoring systems, which offer automated tracking of hand hygiene compliance. But what if you're not interested in installing readers, sensors, and tags? The most common method of monitoring hand hygiene is with good ol' human observation. A trained observer acts as a 'secret shopper', watching whether caregivers wash or sanitize their hands properly in the course of patient care and noting their findings (usually on paper forms). However, this approach is hindered by the Hawthorne Effect, in which, unsurprisingly, people who notice that they are being watched tend to perform much better. Because caregivers tend to no-

tice someone holding a clipboard and watching them, direct observation tends to result in inflated compliance rates. One Canadian study found that caregivers were three times more likely to use hand sanitizer when observers were present (<https://qualitysafety.bmj.com/content/qhc/23/12/974.full.pdf>). How can you get around this problem? It's by making the observers a lot less obvious. Anecdotal reports from system users indicate that caregivers are much less likely to notice observers using HHO apps: it looks like they're just playing on their phones, perhaps checking email or personal sites. Our testing will focus on whether ECRI engineers and our infection-preventionist colleagues can quickly and unobtrusively record all of the statistics needed for a full hand hygiene assessment, and whether the systems themselves conform to best practices in human factors for electronic data entry and presentation.

As always, it's nice to hear from you! Keep in touch as you see new technologies, challenging vendors, or something else breaking because it wasn't cleaned properly.

Erin Sparnon

Engineering Manager, Health Devices
ECRI Institute

esparnon@ecri.org

AAMI Update

Big Changes Coming to AAMI's Annual Conference in 2019

It's only been a few months since the doors of the Long Beach Convention Center closed on the AAMI 2018 Conference & Expo, but event organizers already have big plans for next year's conference in Cleveland, OH, including the launch of what will now be known as the AAMI Exchange.

"AAMI is launching a new brand for our annual conference—the AAMI Exchange. That's what the conference will be called starting in 2019 in Cleveland because it's all about relationship exchanges and the exchange of knowledge," AAMI COO Steve Campbell announced to attendees on the last day of AAMI 2018.

But this change is "so much more than just a name," Campbell added. "We'll be introducing new programs to attract other key

stakeholders in healthcare technology—stakeholders who are key to how you do your jobs."

The Exchange promises to have a program that will engage not only the healthcare technology management community but also all of the other professionals who fall under the health technology umbrella. This will include additional programming for industry professionals starting in 2019.

"We've reimagined the annual conference to provide expanded offerings to guide thought leadership, business engagement, and industry growth, as well as new ways to engage with colleagues," said Sherrie Schulte, AAMI's senior director of certification and the annual conference. "This is about the hustle and bustle of a diverse group of people coming together for a common purpose. The range of information, insights, and ideas that will happen—both formally and informally—at the

AAMI Exchange will make this a 'can't miss' event. People will leave feeling it was a rewarding time."

The first AAMI Exchange will kick off in Cleveland on June 7, 2019. For more information, visit www.aami.org/aamiexchange.

ACI Board Seeks Feedback on Possible Retirement of Three Certifications

The AAMI Credentials Institute (ACI) Board of Directors is reevaluating three of its certification programs. Following discussions during its meeting at the AAMI 2018 Conference & Expo in June, the Board is considering retiring the Certified Laboratory Equipment Specialist (CLES), Certified Radiology Equipment Specialist (CRES), and Certified Quality System Manager (CQSM) exams but is seeking feedback from the community before taking action.

(Continued on page 8)

AAMI Update (Continued)

(Continued from page 7)

ACI launched the CLES and CRES programs in the late 1970s and the CQSM program in 2015. These certifications indicate that successful applicants have the knowledge to ensure a safe, reliable healthcare environment. They also demonstrate to employers a significant commitment to career and competence.

“Unfortunately, in recent years, fewer and fewer people have taken the CLES, CRES, and CQSM exams. The seemingly low interest has prompted the ACI Board to reevaluate the status of these programs,” said Sherrie Schulte, AAMI’s senior director of certification and the annual conference. “This review is not being taken lightly, but the Board feels, based on the low interest and high cost of maintaining a certification program, that retiring these certifications is potentially the best option.”

If the ACI Board decides to retire the CLES, CRES, and CQSM programs, ACI would not offer these exams after Dec. 31,

2018. However, individuals who already hold these designations would be able to continue to use them provided they maintain their certification by completing the necessary continuing education units and submitting the necessary renewal fees every three years.

Before making a final decision, the ACI Board would like to hear from those in the healthcare technology management community. Please send your comments or questions to Schulte at sschulte@aami.org by Aug. 24th. All feedback will be submitted to the ACI Board for review, and a final decision will be made in September.

Technology Management Council Adds Three New Members

Three healthcare technology management (HTM) leaders have joined AAMI’s Technology Management Council (TMC), a group responsible for representing all professionals and disciplines that purchase, service, and maintain healthcare technology, including BMETs, clinical engineers, quality assurance professionals, and others.

The TMC works to create opportunities and resources for HTM professionals as well as elevate and advance the profession. The newest members of the TMC are:

- Barbara L. Christe, program director of healthcare engineering technology management and an associate professor with the Engineering Technology Department at the Purdue School of Engineering & Technology at Indiana University–Purdue University Indianapolis.
- Janice Courtois, a BMET III at Allina Health in Saint Paul, MN.
- Bhaskar Iduri, director of clinical engineering and quality assurance at Renovo Solutions in Irvine, CA.

Their terms began following the TMC’s meeting at the AAMI 2018 Conference & Expo in June. For more information about the TMC, visit www.aami.org/TMC.

AAMI Staff

International Advocacy on Clinical Engineering

A strong advocacy strategy is fundamental for any organization in order to strengthen the members outreach program, present the added value and contributions of the organization and its members to the field they represent, and inform and educate stakeholders, law-makers, governments, and academia of the contributions of the profession. Through advocacy, all ACCE members are speaking on behalf of the organization and supporting the Mission, the Vision and the Objectives. These are the core values of the college.

The active work of the ACCE Advocacy Committee has facilitated the building of global recognition for the Clinical Engineering profession. The contributions to the technology field are well recognized by the peers’ organization and has started to make inroads among the health’s stakeholders.

Today ACCE is widely recognized by its leading role in the Health Technology Management field and as a strategic actor on integration of the health, information, and communication technology fields.

The ACCE International Committee, through the mission of assisting clinical engineers and health technology organizations globally, has supported and based the outreach program on a strong advocacy strategy that includes not only the clinical engineers but also health authorities, health decision makers, government authorities, national and global technology organizations, and the academic sector. This strategy has contributed to educating the stakeholders and the population at large on the collaboration and contributions of ACCE to the health and wellbeing of the population. ACCE has also been collaborating



Mr. Iván Duque Márquez, President of the Republic of Colombia, center, with Antonio and Miuryl Hernandez

(Continued on page 9)

International Advocacy on Clinical Engineering (Continued)

(Continued from page 8)

with the World Health Organization in the development and implementation of health technology and medical devices strategies and programs.

As a Chair of the International Committee, I had the unique opportunity to meet with the President-elect of the Republic of Colombia, Mr. Iván Duque Márquez on June 29th at the Bipartisan Policy Center in Washington, DC during his trip to the US.

Mr. Duque has expertise in economics with a Masters in Public Policy from Georgetown University, and another in Economic Law from the American University. He has also attended the Economic Forums at Harvard University. During the nineties, he worked at the Interamerican Developing Bank (IDB) as Chief of the In-

novation and Creativity Division. He is well known in Washington circles.

During the conversation, I presented on ACCE and its role and contributions in the health sector, and the commitment to collaborate with countries globally in health outcomes based upon the safe use of technology.

Among the topics addressed was ACCE's continuous collaboration and support of Colombian institutions and professionals since the year 2000. An emphasis was made on the work with the group of six universities in Medellin, the hometown of Mr. Duque, as well as the organization of the Colombian College of Clinical Engineering (COLCINC) and the Collaboration Agreement signed between ACCE and COLCINC. Finally, the monthly educational webinar series sponsored and supported by the Universidad Pontificia Bolivariana was

also discussed. Mr. Duque expressed his thanks for the collaboration and ACCE's commitment to continuing the collaboration and support.

By the time you are reading this article, Mr. Duque will have been sworn-in as President. He will be leading a country with social, political, and financial challenges. The health sector is critical and it will need a reorganization and rationalization on the use of resources. It is my hope that, at some point, Mr. Duque will remember our conversation and ACCE's commitment to collaborate in the health technology field.

Antonio Hernandez
ACCE Advocacy Committee member & International Committee Chair
internationalchair@accenet.org

AIMS
Asset Information Management System

Innovation In
Healthcare **CMMS**
for Over 30 Years

AIMS Delivers What You Need

- Easily Track & Document Your AEM Process
- Ensures Accurate & Consistent Data Entry
- Reports - Your Way
- Real-Time Digital Dashboards
- Interface With Any Third Party Software

Your CMMS Solution with 3,000 Hospitals in 18 Countries.

 **PHOENIX**
DATA SYSTEMS, INC.

Choose AIMS and You Will Never
Search for Another CMMS®

800.541.2467

www.goaims.com

Thank You from the Education Committee!

In this edition of the ACCE News, the Education Committee would like to take some time to thank our speakers from the **2017-2018 Webinar series**. They made it possible to have a very successful Webinar Series. We had a lot of distinguished speakers from all over the country, representing manufacturers and hospital staff. We had Registered/Practical nurses, clinical engineers, IT representatives, managers, directors, administrators, etc. We would like to thank all of them for taking time out of their busy schedules to share with us their knowledge, help us advance the Clinical Engineering profession, and support ACCE through the Webinar Series.



Austin Hampton



Halie Anthony



Stephen Grimes



Alan Gresch



John Maurer



Arleen Thukral



Carol Davis-Smith



Jennifer DeFrancesco



Sue Schade



Shelly Crisler



Katrina Jacobs



Arif Subhan

From all of us in Education Committee – THANK YOU!

2018-19 Educational Webinar Series

We would now like to use this opportunity to introduce this year's Webinar Series. The new Webinar Series opens its door on September 13, 2018. In the first session, we have Scot Copeland from Scripps Health Biomedical Engineering presenting on Security Patching for Medical Devices. This session will be followed by 9 more sessions (10 total) that will dig deeper into some of the topics that Clinical Engineering Departments deal with in today's world. We have a great line-up of speakers this year and hope to continue building on the previous years' successes. For information on the upcoming 2018-2019 Educational Webinar series and to register, please go to <https://accenet.org/NewsEvents/Pages/Webinars.aspx>

ACCE Education Committee co-chairs Danielle Cowgill & Austin Hampton
educationchair@accenet.org

ACCE at 2018 NCBA

The 2018 Annual Symposium and Expo of the North Carolina Biomedical Association (NCBA) was held on August 22-24 at the Carolina Hotel at Pinehurst. This is the 40th meeting which reaffirms that NCBA is the longest non-stop running regional association in the United States. The Symposium had 30 parallel sessions, ranging from basic computer skills and equipment service schools to technology management. Among the clinical engineering (CE)/health technology management (HTM) topics covered were "Joint Commission Update" by Herman McKenzie of TJC, "Life Cycle Plan-

ning" and "Data Integrity" by Al Gresch of Accruent, "Recalls and the FDA" by Mike Kelhart of Draeger, "Quality Beyond Joint Commission" by Boyd Campbell of Southeastern Biomedical, "Efficiency in Healthcare Technology Management" by George Reed/Dallas Sutton of WakeMed, and "CE Fake News, Alternate Facts and Legends" and "Benchmarking your CE Program" by Binseng Wang of BSI. Among the Equipment service school's topics were "Tabletop sterilizer Maintenance and Repair" by Neil Blagman of RPI.

On the prior day, August 21st, the annual Mike McCoy Golf Tournament was held at the Pinehurst Course No. 5. During the luncheon on August 22nd, NCBA conducted its business meeting with reports from the Treasurer, Education Committee, and Membership Committee, as well as presented of awards and scholarships. Candidates for the NCBA Board election were also introduced.

ACCE had a booth in the Exhibit Hall and was well sought out by the conference at-

(Continued on page 11)

ACCE at 2018 NCBA (Continued)

(Continued from page 10)

tendees. The booth was staffed by Suly Chi, ACCE secretariat and Binseng Wang, ACCE fellow. Several people and institutions inquired about ACCE membership. Several exhibitors also expressed interest in supporting future ACCE events.

The great success of this conference is proof of the dedication and enthusiasm of the NCBA leadership team composed of: Glenn Scales—President, David Wilson—Vice-President, Terry Morris—Treasurer, Membership Secretary—Jeremy Collins, Recording Secretary—Aaron Watts, Board Members: Chris Carpenter, Ray Ongirski, Brian Lefler, Clint McCoy, Patrick Bright and Thomas Bresnahan and Vendor Coordinator—Bill Fry.

Suly Chi
ACCE Secretariat
secretariat@accenet.org



Binseng Wang of BSI



Neil Blagman of RPI



George Reed & Dallas Sutton of WakeMed



AI Gresch of Accruent

ACCE at CEAI 2018

The 2018 Conference of the Clinical Engineering Association of Illinois (CEAI) was held on August 15th and 16th at the Dury Lane Conference Center in Oakbrook Terrace. This is its 9th annual conference, and this year's theme is "Women in HTM". A panel dedicated to this theme was held on August 16th with Clara Guixa of the University of Chicago, Leslie McGovern of Sodexo CTM Northwest Community Hospital, Lynn M. Grudzielanek of Trimedx, Erin M. Williams of IMEG Group, and Sujanita Srinivas of GE Healthcare as panelists.

Another well-attended panel was the "Right to Repair Act" with Denisa Lambert of Trimedx, Steve Vanderzee of Advocate Healthcare, Binseng Wang of BSI, G. Wayne Moore of Acertara Acoustic Laboratories as panelists.

In addition to the panels, there were 22 concurrent sessions. Several sessions were devoted to equipment service presented by manufacturers and third parties, while others were focused on regulatory compliance, communication and management skills, and data analyses. The most attended sessions were: (1) What a Biomed Should Know About Facilities, Life Safety and Utilities in the Healthcare Environment with York Chan of Advocate Healthcare, (2) Joint Commission Updates 2018/Medical Equipment Standards with Herman McKenzie of TJC, (3) Fake News, Alternate Facts and Legends in CE/HTM with Binseng Wang of BSI, (4) Data Analytics, Artificial Intelligence and the impact on Healthcare Technology Management with Puneet Pandit of Glassbeam, (5) Capital Planning with Patricia Van Holt &

(Continued on page 12)



"Women in HTM" panelists:
Leslie McGovern, Clara Guixa,
Erin Williams, Lynn Grudzielanek,
Sujanita Srinivas



Member, Terry Clemans and Jim Panella



"Right to Repair Act" panelists:
Binseng Wang, Steve Vanderzee,
Lijo George, Wayne Moore, Denisa Lambert



Lijo George, Suly Chi, Gary Barkov

ACCE Job Website Job Postings

For posting job opportunities, please contact Dave Smith at
advertising@accenet.org

ACCE at CEAI 2018 (Continued)

(Continued from page 11)

Steve Vanderzee of Advocate Healthcare, and (6) The Integration and Application of ISO 9001 and the NIAHO® Requirements in Medical Equipment Management with Brennon Scott of DNV GL Healthcare.

During the luncheon on August 15th, a scholarship was given to a student, Kandys Washington. The next day it was announced that a donation of \$5,000 was made by a former CEAI President, Joe Bandra, for another scholarship to be awarded annually. These scholarships are a hallmark of CEAI efforts to encourage promising young persons to enter into the CE profession.

The sixty-plus vendor fair with knowledgeable representatives, was completely sold out for the event. ACCE had a booth at the registration area and was well sought out by the conference attendees. The booth was staffed by Jim Panella, ACCE treasurer and Director, CE at Univ. of Illinois, and Suly Chi, ACCE secretariat. Many

participants were interested in learning about ACCE activities, membership, and events. Several exhibitors also expressed interest in supporting future ACCE events.

The great success of this conference is proof of the dedication and enthusiasm of the CEAI leadership team composed of: Gary Barkov—President, Lijo George—Vice-President, Nikki Malloe—Secretary, Jose Nunez—Treasurer, Suraj Soudagar—Executive Trustee, Steve Vanderzee—Former President, Alan Moretti—Former President and Scholarship Chair, Chris Bryan—Education Committee member, Rachel Homier—Public Relations and Marketing, and Don Trombatore—Public Relations and Marketing. ACCE congratulates this team for its leadership in the region. We are looking forward to continuing our collaboration and advancing/promoting excellence in clinical engineering practice.

Suly Chi
ACCE Secretariat
secretariat@accenet.org

Jim Panella
ACCE Treasurer
treasurer@accenet.org

ACCE Calendar

August 1—September 30, 2018

AIMBE 2019 College of Fellows Nominations

[More Info](#)

August 8—October 3, 2018

CCE Review Webinar Series

[Series Schedule](#)

September 13, 2018, 12-1PM

Webinar: Security Patching for Medical Devices: A Vulnerability Management Essential

[More info](#)

September 18, 2018, 12-1:30PM

HTA Webinar: Medical Device Cybersecurity for HTM Professionals: An update on Resources and Practices

[More info](#)

October 8—12, 2018

US National Health IT Week

[10 Ways to Celebrate National Health IT Week in your Hometown](#)

October 11, 2018, 12-1PM

Webinar: FDA Update—Service Regulation

[More info](#)

November 3—17, 2018

2018 CCE Written Exam

November 8, 2018, 12-1PM

Webinar: Implementing a Program to Share User Experience Data for Medical Devices

[More info](#)



AMERICAN COLLEGE OF CLINICAL ENGINEERING

The ACCE Board and Committee Chairs

President.....	Arif Subhan
President Elect.....	Ilir Kullolli
Vice President.....	Alan Lipschultz
Secretary.....	Elena Buckley
Treasurer.....	James Panella
Member-at-Large.....	Shelly Crisler
Member-at-Large.....	Joan Brown
Member-at-Large.....	Priyanka Upendra
Member-at-Large.....	Samantha Jacques
Immediate Past President.....	Petr Kresta
Education Co-Chairs.....	Austin Hampton, Rodney Nolen
Membership Committee Chair.....	Jim Caporali
Advocacy Committee Chair.....	Clarice Holden
CE-IT Committee Chair.....	Stephen Grimes
Revenue Planning Committee.....	Mario Castaneda
International Committee Chair.....	Antonio Hernandez
Nominations Committee Chair.....	Petr Kresta
Body of Knowledge Committee Chair.....	Katherine Navarro
Secretariat.....	Suly Chi