

ACCE News

Newsletter of the American College of Clinical Engineering

July - August 2017

Volume 27 Issue 4



**Congratulations
to the 2017 Class
of CCEs!**

**In this
Issue:**

View from the Penalty Box	<u>2</u>
2017 Officer and Board Election	<u>3</u>
Welcome New Members	<u>3</u>
AAMI Update	<u>4</u>
Education Committee Update	<u>6</u>
Perspectives from ECRI	<u>6</u>
HTF News	<u>8</u>

President's Message



Greetings Colleagues,

It is an often quoted saying that the only thing constant in our lives is change. Many of us have experienced substantial change during our working careers. Those who have worked in the clinical engineering field for a time have seen much technological change and likely considerable organizational change in their work places. In my own case, it feels like more change has occurred in the past 24 months than in the previous 28 years! Some of that change was self-inflicted while other change was externally driven. In this context, another often quoted saying is that while we often cannot control the change that is happening, we can control how we respond to that change. Sage words of advice, for sure, but they can be hard to keep front of mind and to live by them in the midst of anxiety

and uncertainty; nevertheless, managing change poorly only leads to problems and so we must do it well. In the immortal words of Shrek, "change is hard donkey". But change is life-giving and renewing, and we cannot make progress without it.

I am focusing on change in this President's message as it will be final message as President of ACCE. The ACCE Officer Positions elections are over, and I will be stepping down as President in August. It has been the norm for Presidents to stand for election for a second term, but I chose not to do so. I would like to explain why. Approximately 18 months ago, I made the decision to apply for the Chief Operating Officer position with an organization that provides laboratory and imaging patient care services. Ultimately, I was fortunate enough to be hired for this position. This was a very big change for me as it took me into a new organization, into a position that was pure health care service administration. Most significantly, it meant that I was leaving the practice of clinical engineering which was the only work I'd ever done for my entire working career of over 30 years. With respect to ACCE, the complicated part was that a few months prior to applying for this new work position, I had accepted the nomination to be elected mid-term as President-Elect for the ACCE. This was a tremendous honor and privilege, and I felt a real obligation to ACCE to carry out the promise I made to serve the CE community. During the past year serving as President, I worked diligently to fulfil my role. As time passed, however, it became more and more clear to me that ACCE needs a President who is immersed on a daily basis in clinical engineering matters. Consequently, I determined that it would be in the best interests of ACCE, and the CE community it serves, for me to not seek re-election after completing my first term, and instead to leave the position open to another individual. I will remain as Immediate Past-President and so will be able to provide continuity on many items to the new President.

I want to draw your attention to work being led by Steve Grimes, on behalf of the ACCE, with respect to the drafting of a new MITA standard for the servicing of medical imaging equipment. I've written about this before, and likely the new ACCE President will write about it in future newsletter articles. It continues to be a serious matter that requires our collective attention. I encourage you to learn about the MITA initiative, and to contact Steve to provide your thoughts and comments. He and his team are providing input to the standard development working group, and it is important that he has a good understanding of the clinical engineering community's thoughts on the subject.

(Continued on page 2)

President's Message (Continued)

(Continued from page 1)

In a prior newsletter article, I mentioned the need for ACCE to undertake strategic planning work. Some steps have been started, and more will occur this fall, including soliciting input from the clinical engineering community. Watch for your opportunity to provide the ACCE Board with your ideas and suggestions on what is really important for ACCE to be doing.

In closing, I want to express my thanks for the opportunity to be involved with a tremendously talented and dedicated leadership team at ACCE. The Board is comprised of individuals who believe in the importance of clinical engineering in healthcare and give their valuable personal time and energy to promoting the field. Thank you to all of you!

Petr Kresta, President, ACCE
PKresta@dsmantoba.ca

View from the Penalty Box

A big thanks to all of you who sent me great well messages and jokes. I am pretty much back to "normal", but the progress is slower than I would like.

One benefit of this time of restricted physical activity is that I have had a chance to catch up on all the magazines and newsletters I receive. The big topics seem to be costs, security of data and the sharing of that data. Very little is being written about new technology and applications of technology. It seems like we, as an industry, have forgotten the reason that we exist, which is to help people with technology. Far too many people in health care seem to have forgotten that the reason we exist, as a profession, is the PATIENTS and their needs. If we do our jobs correctly, the patients spend less time in the hospitals (penalty box), and more time being productive in life. In addition, we need to share what goes right with our colleagues and the "ah, sh*ts" so they can avoid them. It has been said by many that we learn through our mistakes. If that were the absolute truth we would be the most intelligent profession in the world. We just have to look at our politicians to confirm that mistakes do not always make you smarter.

As we watch our politicians struggle with healthcare legislation, and we look towards Canada, Europe or Japan at how they are handling healthcare costs, we

wonder how we could have elected people so dumb that they cannot look outside of their pockets to see how it is done in most of the world. When asked by a reporter, a well-known senator stated that healthcare in Canada was too expensive and too slow. Talking with people across Canada, I got the impression that healthcare may be slow for elective items, but as fast as the US for emergency care. Plus, almost everywhere in the world drugs are cheaper than they are in the US. Why is that? I have another question on drugs. Why is it that when the NIH funds the basic research for drugs, the hospitals sell those findings to industry, and we, who fund the NIH, never see any benefit for that sale? Which pocket of which politician(s) do the funds wind up in?

There seems to be a lull in bringing new products to market. Are companies holding back new technology to see what will be done by our politicians? If they are waiting for the politicians to get involved to act, unless it is fund raising, we might be seeing our life shortened. I sure hope not, but it is possible.

Lastly, we need to reach out to high school students to educate them about our field and the how good we feel when we see the benefits of our work. We need to inform them of all the options that our profession can offer them. We can steer them towards clinical work in hospitals, to

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

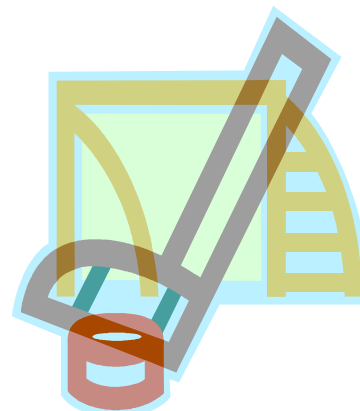
ACCE News is a benefit of ACCE membership; nonmembers may subscribe for \$75.

To subscribe e-mail Secretariat@accenet.org
Copyright © 2017 by ACCE

designing and building devices using a combination of 3D printing and computers, or to field service work. All these areas need more people. We have to look to the future, and get good people into the field so there are competent people to support the technology when you and I hit the Penalty Box.

Have a great summer.

Dave Harrington
Dave@sbtech.com



2017 ACCE Officer and Board Election

Thank you for participating in the 2017 ACCE Officer and Board Election and casting your important vote. The election for ACCE's new Board for the year 2017 has been finalized and the Board has approved the results.

The election ballot was emailed to 282 eligible members, who include Individual, Fellow, and Emeritus members in good standing. Institutional/Corporate Fellow and Individual members also participate in elections. Of the 282 members, 95 votes were received between July 1 and July 19, 2017.

The new Board of Directors will take office as the governance body for ACCE on August 25, 2017. We are pleased to announce the 2017-2018 team and, as always, we look forward to serving you and your needs.

Title	Name	Votes received
President	Arif Subhan, MS, CCE, FACCE	91
President Elect	Illir Kullolli, MS	92
Vice President	Alan Lipschultz, PE, CSP, CCE, FACCE	88
Treasurer	James Panella	93

The following Board member will automatically become Immediate Past President when the new President takes office:

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

Elena Simoncini, 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
Michael Soltys	Individual	Clinical Engineer Architect	UPENN Health System	PA/USA
Kelvin S. Knight	Associate	Director	Children's of Alabama	AL/USA
Janice Watson-Dias	Associate	Biomedical Engineer	Allied Technologies & Consulting LLD	MD/USA
Katsuji Otsuka	Individual	Clinical Engineer	Ukumamoto University Hospital	Japan
Erika Klump	Candidate	Biomedical Engineer	Premier Inc.	TX/USA

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

Name	Job Title	Organization	Country
Marie-Ange Janvier	Clinical Engineer	CHEO	ON/Canada
Sarah E. Morford	Biomedical Engineer	VA San Diego Healthcare System	CA/USA
Michael J. Heusser	Clinical Engineer	Middlesex Hospital	CT/USA
Anna Cristina Shivers	Clinical Engineer	Kaiser Permanente/ National Clinical Technology	CA/USA

AAMI Update

Updated Guide Focuses on Making the Most of Your CMMS

Most healthcare technology management (HTM) professionals are tasked with documenting their work in a computerized maintenance management system (CMMS); however, optimizing the use of this tool can be a challenge.

“In our consulting work, we see too many HTM programs fall into the ‘garbage in, garbage out’ trap,” said Matthew Baretich, president of Baretich Engineering, Inc. Too often, he added, the CMMS becomes a time-consuming repository of “arbitrary data entry rather than as a source of useful, actionable information. When properly configured, a competent CMMS becomes a valued tool.”

To achieve this goal, Baretich, along with coauthor Ted Cohen, have extensively updated AAMI’s CMMS guide, the first revision to this resource in 14 years.

“A lot has changed since the second edition,” Baretich said. “Many of the basic principles were still relevant, but HTM practice and CMMS capabilities had evolved substantially. It was time for a new edition.”

Some of these new capabilities, according to Cohen, an HTM consultant and part-time project clinical engineer at UC Davis Health in California, include dashboards, interfaces with configuration management databases and other systems, modules to manage alternative equipment maintenance plans, and data analytics packages.

The third edition of *Computerized Maintenance Management Systems for Healthcare Technology Management* outlines the basic principles of CMMS design and operation, as well as identifies how to effectively use the system to generate meaningful data.

“The CMMS needs to do a good job of making data entry easy, yet be comprehensive enough

to recall the ‘story’ of what happened on a particular repair,” Cohen said. “The CMMS also needs to be flexible/configurable so it meets the needs of different institutions, yet still performs error checking to help stop erroneous and incomplete data from being entered.”

A new section of the book tackles essential CMMS “how tos”: How to use the system for standards compliance, financial management, and equipment planning; how to maintain data integrity so the CMMS provides useful information; and how to select and implement a CMMS product.

“If they are not currently using their CMMS to its full potential, hopefully this book will help them improve their current CMMS use by improving data integrity and helping them capture more data,” Cohen said.

Computerized Maintenance Management Systems for Healthcare Technology Management, 3rd Edition is available through the AAMI Store, www.aami.org/store. The cost is \$89.00 for AAMI members and \$129.00 for non-members.

New Podcast Focuses on Cybersecurity

With cybersecurity attacks on the rise in healthcare and a growing appreciation for the threats posed to patients, AAMI podcast host Terry Baker sat down with cybersecurity expert Axel Wirth at the AAMI 2017 Conference & Expo in Austin, TX.

According to Wirth, who is a distinguished technical architect for Symantec Corporation and a member of the *BI&T* Editorial Board, patch management is more important than ever—yet it remains a challenge for most hospitals.

“I don’t think there’s any other industry that has such a diversity of different devices from different manufacturers run in an environment where the pieces are so dependent on each other. That makes it difficult to, for example, take one

device down, patch it, and reboot it without affecting other devices,” Wirth said.

During the podcast, Wirth shared his tips for patch management and his “defense in depth” framework that he believes all healthcare facilities should adopt. This AAMI podcast, along with more than a dozen others, is available at www.aami.org/newsviews/podcasts.

‘AAMI News,’ ‘Horizons’ Honored for Publication Excellence

Two of AAMI’s flagship publications have been recognized with an APEX Award for Publication Excellence. This annual awards program, which drew nearly 1,400 entries in 2017, honors excellence in publishing by professional communicators

AAMI News earned an Award of Excellence in the category of “1–2 person-produced newsletter,” while the association’s peer-reviewed journal supplement, *Horizons*, won an Award of Excellence for “one-of-a-kind publications (health and medical)” for the spring 2016 issue focusing on the sterilization and reprocessing of medical devices.

Sean Loughlin, AAMI vice president of communications, said the honors speak to dedication of staff editors as well as the volunteer authors who contribute to AAMI’s publications.

“We’re fortunate to have editors who care deeply about the quality of our editorial content,” he said. “And our publications would be far thinner without the volunteers who submit articles, papers, and ideas about the trends, challenges, and solutions in healthcare technology. Working with them, our editors are able to give readers the news and information they want and need to be able to succeed in their field and support safe, high-quality patient care.”

AAMI Staff

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

ACCE Congratulates the 2017 Class of Certified Clinical Engineers!

Name	Location	Organization
Hannah Behm- CCE U.S.	San Francisco, CA	San Francisco Medical VA Centre
Helen Cheong- CCE U.S.	New Haven, CT	Brigham and Women's Hospital
Kathleen Grunder- CCE U.S.	Washington, DC	Washington DC VA Medical Centre
Bhaskar Iduri- CCE U.S.	Irvine, CA	Renovo Solutions LLC
Katrina Jacobs- CCE U.S.	Ann Arbor, MI	U.S. Dept. of Veterans Affairs
Dennis Lanie- CCE U.S.	Michigan City, IN	Franciscan St. Anthony Health
Elkin Mejia- CCE U.S.	Indianapolis, IN	Lucile Packard Children's Hospital-Stanford Health
Sarah Morford- CCE U.S.	San Diego, CA	VA San Diego Healthcare System
Ketaki Muthal- CCE U.S.	Boston, MA	Massachusetts General Hospital
Theodore Nottage II- CCE U.S.	Nassau, Bahamas	Public Hospital Authority
Rocco Ottolino- CCE U.S.	Royal Oak, MI	Beaumont Health
Jared Ruckman- CCE U.S.	Boston, MA	Massachusetts General Hospital
Alicia Smith-Freshwater- CCE U.S.	Durham, NC	U.S. Dept. of Veterans Affairs VHA
Karen Taborda-Marin- CCE U.S.	Boston, MA	Massachusetts General Hospital
Tony Tai- CCE U.S.	Hong Kong, SAR	Pamela Youde Nethersole Eastern Hospital
Arlene Thukral- CCE U.S.	Fresno, CA	VA Fresno
Parisa Bahrami- CCE-CA	Toronto, ON	Mount Sinai Hospital
Eldon Berezanski-CCE-CA	Edmonton, AB	Alberta Health Services
Gaetanne Heggie-CCE-CA	Ottawa, ON	Children's Hospital of Eastern Ontario
Marie-Ange Janiver- CCE-CA	Ottawa, ON	Children's Hospital of Eastern Ontario

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.



Register for the 2017-2018 ACCE Educational Webinar Series

Gear up for another informative ACCE education webinar series. This program will include ten monthly sessions running from September 14, 2017 through June 14, 2018.

In the 2017-2018 webinar series, you can expect topics like managing networked medical devices on an IT network, leveraging continuous agreements education and service from the original equipment manufacturers (OEMs) and hearing the OEMs' perspectives for yielding the best outcome for project implementation. The ACCE has been fortunate enough to secure George Mills for the January webinar session, where updates will be provided about The Joint Commission.

Austin Hampton is a Chief of Biomedical Engineering at US Department of Veterans Affairs and will be kicking off the series by

presenting on protecting medical equipment from cybersecurity attacks. He will discuss strategies and robust programs for applying patches and maintaining anti-virus systems for mitigating any risks, like the wannacry malware.

- More Information on the 2017-2018 series and registration forms can be found [here](#).
- Please check regularly the [ACCE website](#) for updated information and registration. The [ACCE calendar](#) has also been updated with the dates for the 2017-18 webinar series.

Austin Hampton & Rodney Nolen, Education Committee Co-Chairs

Suly Chi, Webinar coordinator

Perspectives from ECRI Institute

What do we have here?

It's the kickoff of Top Ten Hazards season here at ECRI, and part of the exercise includes pulling our engineers together to hear about the most interesting, most pervasive, and most vexing problems they've helped our members with in the past year. Along with convincing me that I never want to be a patient, these discussions are a great way for the team to hear what's going on outside their individual projects and find out what pervasive themes are coming in from multiple sources. Heard around the table:

- "I'm still getting calls about moving from XP- I'd laugh, but we have that laptop we need to download logs from those old pumps and IT has made me promise never to turn on the wifi button"
- "Everyone seems to have handheld ultrasound now, but if they're using a USB-connected ultrasound scanner off a laptop, how much does the hospital have to do to make sure the laptop is secure?"
- "So, in 2010, we said use of IEC-80001 should eventually be ubiquitous. I

found an implementation!"

- "I'm getting more calls about radiology workstations thanks to Petya"

Over the course of triaging each issue, we've become more and more convinced of the importance of building and maintaining an accurate inventory of networking and software information as part of an overall equipment management program.

We had a good example of this need for comprehensive inventory information when we reached out to our own internal IT department for some initial perspectives on WannaCry. Along with a good discussion of WannaCry's potential risks, we got an interesting lesson on the different realities of office environments and clinical environments:

- "Hey we just did quick search for un-patched systems on our end and are deploying the patches ASAP. Just tell hospitals to look for a list of devices still awaiting the MS17-010 patch... OK, if they don't have the list? Then search inventory for everything with a Microsoft OS that's also networked... What do you mean, what if OS and software version aren't listed in inven-

tory? Just call the suppliers then. Wait, how many suppliers are we talking about, maybe a dozen? Ohhh... (eyes go wide, and a look of pained sympathy appears)"

The phrase "an ounce of prevention beats a pound of cure" comes to mind. Clinical engineers can increase their facilities' resilience to cyberattack by developing and maintaining an inventory of all networked medical equipment that includes key information like

- 1) Operating system
- 2) Exact software version and patch/update information
- 3) Network configuration settings
- 4) A list of information systems or devices that are connected or integrated to the equipment in question
- 5) Whether the equipment contains Protected Health Information (PHI).

With this information at hand, it's much easier to quickly identify which devices and systems are affected by the next vulnerabil-

(Continued on page 8)



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



Choose AIMS and You Will Never
Search for Another CMMS®

800.541.2467

www.goaims.com

Your CMMS Solution with 2,200 Hospitals in 18 Countries.

PARTSOURCE®

Gain Visibility and Control of Spend by Transitioning from OEM Service Contracts to an Effective In-House CE Program

“The results of the program are exceptional, and include timely and accurate receipt of goods and services, savings, quality, tech satisfaction, reporting, CMMS integration and payments.”

— JASON BEHM, SYSTEM DIRECTOR OF CLINICAL ENGINEERING AT SCL HEALTH

Contact Us About PartsSource Pro: PartsSource.com/PartsSource-Pro

777 Lena Drive | Aurora, Ohio 44202 | 877.497.6412 | PartsSource.com

Healthcare Technology Foundation News

This issue features two contributions to the HTF News Column!

Home Care and Medical Equipment

Recently a friend of mine went into the hospital by ambulance. She brought with her a piece of medical equipment. Not only would they not let her use it in the hospital, it failed the electrical inspection and had an outstanding recall that had not been addressed. Eventually, it all got squared away and she went home with a working piece of equipment, but this situation highlights a growing problem for both hospitals and home care providers/patients.

As healthcare delivery shifts more to home care from inpatient care there is a lot more equipment showing up to support this care. In the home care setting the rules and regulations that exist in hospitals are absent, very reduced or ignored. The result is a bit of “the wild west” when applied to equipment. Issues include:

- Who is trained on operation?
- Is there training?
- Who delivers the training?
- Who supports or repairs the device?
- Who manages updates, recalls and other related issues?
- Who do they turn to if there is an issue?
- What happens when it is no longer needed?

A report of unneeded devices showing up in online sales sites further muddies the water, as rarely are the IFUs, correct accessories or any sort of information on how it was cared for provided with the product.

The reciprocal exists for hospitals and other formal care centers as patients show up with equipment that may or may not be useable. Many places are developing or already have policies to deal with this equipment in a way that tries to make all

involved happy.

The FDA and AAMI held a workshop several years ago on this topic in attempt to get a handle on some of the issues.

This year, the Healthcare Technology Foundation kicked off a project trying to identify key areas where we might provide leadership. As well, AAMI is starting a major initiative on medical equipment at home.

This whole topic will continue to be very important to all of us who are involved in healthcare.

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

Updates from HTF

HTF at AAMI 2017

HTF was very active at the 2017 AAMI conference. Presentations included:

- *Building a Strategy to Support Medical Device Integration & Alarm Management*—Izabella Gieras
- *Introduction of Devices Currently on the Market Developed by Clinical Engineers*—Yadin David
- *Top Ten Issues Facing HTM: Open Discussion*—Erin Sparnon,
- *3D Printing Can Add Value for HTM and Small Community Hospitals – Best Practices for CE*—Tobey Clark.

HTF Board Member received BI&T Best Research Paper

Marge Funk was the first author on the paper “Use of Monitor Watchers in Hospitals: Characteristics, Training, and Practices,” which won the AAMI BI&T Best Research Paper award. New board members

Halley Ruppel and JoAnne Philips were co-authors of the article along with Nancy Blake.

Awards were given out at the ACCE award ceremony at AAMI to Tom Bauld and Tobey Clark. Tom was awarded the Tom O’Dea Advocacy Award and Tobey received the Lifetime Achievement Award.

HTF also sponsored the International ACEW Award which was presented to the Federal Ministry of Health, Ethiopia and the Marv Shepard Patient Safety Award presented to Tim Ritter.

HTF Alarms Group

The HTF Alarms group is finalizing a survey on home health and alarms. The goal is to gather information for future projects. We are anxiously awaiting word on the previous survey results publication with the American Association of Critical-Care

(Continued on page 2)

Perspectives from ECRI Institute (Continued)

(Continued from page 6)

ity that makes the news, even if we can’t know ahead of time what types of attacks are coming next.

ECRI’s advice on how to develop this inventory, as well as preventing and responding to cyberattacks is published in our Cybersecurity Essentials page, https://www.ecri.org/components/HDJournal/Pages/Cybersecurity_The_Essentials.aspx. We’re also developing our September webinar around this topic, and will be announcing a date soon.

When it comes to interesting problems and issues with medical equipment, ACCE members are some of our best reporters. The next time you find yourself wondering, “has any other facility dealt with this?”, please don’t be a stranger.

Erin Sparnon
Engineering Manager, ECRI Institute
esparnon@ecri.org

Healthcare Technology Foundation News (Continued)

(Continued from page 8)

Nurses.

HTF Patient Education and Home Health

The Patient Education and Home Health group continues to review the results of the literature search on materials. Educational material development, content and method will be focus of this group. We are also looking at continued partnerships to move projects forward.

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



Improve healthcare delivery outcomes
by promoting the development,

application and support of safe and
effective healthcare technologies.

ACCE Job Website Job Postings

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

ACCE Calendar

August 9—October 11, 2017

CCE Review Webinar Series

[Series Schedule](#)

September 14, 2017

ACCE Webinar: Patching Medical Equipment and Overcoming Cybersecurity Threats

[More Info](#)

September 21-22, 2017

II ICEHTMC 2017

Sao Paulo, Brazil

[Program](#)

October 12, 2017

ACCE Webinar: Vendors—Their Perspective on Project Implementation

[More Info](#)

October 25-27, 2017

XXI Argentine Congress of Bioengineering and CE Workshop
Córdoba, Argentina

[More Info](#)

November 4-18, 2017

2017 CCE Written Exam

November 9, 2017

ACCE Webinar: Biomedical Engineering Assets on an IT Network

[More Info](#)



AMERICAN COLLEGE OF CLINICAL ENGINEERING

The ACCE Board and Committee Chairs

President.....	Petr Kresta
President Elect	Arif Subhan
Vice President	Alan Lipschultz
Secretary.....	Elena Simoncini
Treasurer	James Panella
Member-at-Large	Shelly Crisler
Member-at-Large	Joan Brown
Member-at-Large	Iilir Kullolli
Member-at-Large	Samantha Jacques
Immediate Past President	Paul Sherman
Education Co-Chairs	Austin Hampton, Rodney Nolen
Membership Committee Chair.....	Jim Caporalli
Advocacy Committee Chair	Steve Juett
Revenue Planning Committee	Mario Castaneda
International Committee Chair.....	Antonio Hernandez
Nominations Committee Chair.....	Paul Sherman
Body of Knowledge Committee Chair	Arif Subhan
Secretariat	Suly Chi