

# ACCE News

Newsletter of the American College of Clinical Engineering

March-April 2019

Volume 29 Issue 2



## ACCE at AAMI Exchange 19

See [page 11](#)

In this  
Issue:

Mentoring Thoughts	<a href="#">2</a>
AAMI Update	<a href="#">3</a>
Perspectives from ECRI	<a href="#">4</a>
2019 AIMBE Fellows	<a href="#">5</a>
ACCE at HIMSS 19	<a href="#">6</a>
Welcome New Members	<a href="#">8</a>
2019 Members Meeting/Awards Reception	<a href="#">10</a>
Congratulations to ACCE Fellows	<a href="#">9</a>
ACCE at AAMI Exchange 2019	<a href="#">11</a>
III ICEHTMC Call for Abstracts	<a href="#">14</a>
From the Editor's Desk	<a href="#">17</a>
HTF News	<a href="#">18</a>
WHO/HTM Update	<a href="#">19</a>

## President's Message



Greetings from California!

The ACCE Board and its committees have been busy planning many valuable educational events for this year.

We had a great start this year with a very strong presence at HIMSS 19 in Orlando, FL in February. The ACCE CE-IT symposium at HIMSS 19 titled "Safe and Effective Application of Networked Medical Systems" was a resounding success with a full house. We got very positive feedback from the audience. More details about the symposium, ACCE awards reception and other sessions organized by ACCE members at HIMSS 19 are reported in this newsletter.

Many ACCE members will be presenting at the MD Expo in Houston, TX in April, including the ACCE Body of Knowledge (BOK) Committee who will be presenting the results of the 2018 ACCE BOK Survey.

ACCE is one of the contributing organizations for AAMI Exchange in Cleveland, OH in June. The program task force, composed of Danielle Cowgill, Suly Chi, Eric Aring, Dave Braeutigam, Carol Davis-Smith, Jim Caporali, Mike Busdicker, Ilir Kullolli, Avinash Konkani, Priyanka Upendra and Micah Brown, has finalized the program for the Education sessions and the June 8th ACCE Clinical Engineering Symposium titled "The In's and Out's of a Clinical Engineering Program" at AAMI Exchange. See the link below for more details. <https://www.aami.org/AAMIExchange/content.aspx?ItemNumber=7381&navItemNumber=7383>

### FDA workshop on "Medical Device Servicing and Remanufacturing Activities"

Binseng Wang informed us that a total of 38 comments were posted on the FDA website. See the link below to read the comments. <https://www.regulations.gov/docketBrowser?rpp=25&so=DESC&sb=commentDueDate&po=0&dct=PS&D=FDA-2018-N-3741>. As an outcome of this workshop, a Steering Committee, made up of a cross disciplinary group of industry, ISO, and hospital representatives has begun work developing a collaborative community. Per the FDA, a collaborative community is a continuing forum in which private and public sector members, including the FDA, work together on challenges to achieve common objectives and outcomes. They are convened by interested stakeholders, produce deliverables as needed, and tackle challenges with broad impacts. This community is working towards development of a mission to help foster collaboration and continuous improvement across the medical device service industry and ecosystem. A follow up meeting on Friday April 26th has been scheduled for key members to define a charter and identify all required stakeholders needed to participate in this community. If you have interest in this collaborative community or want to provide your ideas please contact me or ACCE's representative, Samantha Jacques, at [memberatlarge4@accenet.org](mailto:memberatlarge4@accenet.org).

### FDA Workshop on Premarket Submissions for Management of Cybersecurity in Medical Devices

Last month ACCE submitted written comments to the FDA 2018 Guidance Document for Pre-Market Submissions for Cybersecurity. Many thanks the ACCE Task Force members: Priyanka Upendra, lead (Banner Health), Eric Aring (Stanford Children's), David Miller (VA), Chris Houterman

(Continued on page 2)

# President's Message (Continued)

(Continued from page 1)

(VA), Steve Hughes (VA), Arleen Thukral (VA), Eddie Myers (Crothall Healthcare), Brandon Low (VA), Juuso Leinonen (ECRI). For a copy of the comments [click here](#).

It is also listed on the ACCE website, "What is New" column.

## Certification

ACCE encourages all clinical engineers to pursue certification and utilize the many resources offered by ACCE including the certification guide, CCE written exam review webinar series, and the CCE Oral Exam webinar. The 2019 certification exam dates and application deadlines can be found at <https://accenet.org/CECertification/Pages/Default.aspx>.

## 2019 ACCE Membership Dues

ACCE values the support of its members and is always looking for new active

members. Those of you who have not yet renewed your membership please do so soon. Questions about member renewal can be directed to Suly Chi (Secretariat). The ACCE membership renewal link is <http://accenet.org/Members/Pages/MemberRenewals.aspx>.

I look forward to hearing from the membership about their thoughts in promoting the profession and ideas to further improve the programs offered by ACCE.

If you are interested in volunteering, please complete [this form](#) or scan the QR code to complete it.



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

## ACCE News

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

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# Mentoring Thoughts from both a Mentee and a Mentor

From Mentee, Manasi Ghatpande:

*It's an honor to share my experience with Arleen.*

*I feel so lucky to have Arleen as my mentor, I have learned a lot from her. She has been pivotal in the new projects that I have initiated for our department. She helped me in providing a direction and has guided me with the process. Arleen has also been able to efficiently provide me with the solutions to some of the ongoing challenges that we had. Thanks, Arleen for being my Mentor. I would also like to thank ACCE for providing this opportunity, as a Mentee and I would like to continue with this program.*

*At times it was difficult for us to have a conference call or a meeting, but Arleen always encouraged me to send an email or message in case I needed quick answers or at times when an actual meeting was not possible. I would like to mention that meetings usually invigorated me and provided me with a specific goal to work towards.*

And her Mentor, Arleen Thukral:

*Mentoring isn't just useful for the person you are assisting. Being a mentor can help you to stay at the top of your*

*game to provide your charge with up-to-date advice. There were often times when my mentee asked very specific and good questions that would allow me to deepen my own knowledge through the explanation and discussion. Mentoring allowed me to learn more about my mentee's organization and expanded my understanding of the different types of HTM organizations. For a nominal time commitment, you too can step outside your normal circle of associates and share what you have learned.*

The Mentoring Committee welcomes the sharing of any similar experiences between mentee and mentor.

Larry Fennigkoh, PhD, CCE, FAIMBE, FACCE  
Mentoring Committee Chair  
[mentoring.chair@accenet.org](mailto:mentoring.chair@accenet.org)



For more information about the mentoring program, and/or to sign up for the program, go to <https://accenet.org/Membership/Pages/Mentorship.aspx>

# AAMI Update

## HTM Week Events to Promote Learning, Pride—and Fun!

AAMI's annual Healthcare Technology Management (HTM) Week celebration, running May 19–25, seeks to promote awareness of—and appreciation for—the critical work of professionals who manage and maintain the vast assortment of health technology found in healthcare delivery organizations.

This year's schedule of events, planned by AAMI's Technology Management Council, is designed to encourage collaboration and professional development, as well as promote this vital career to a new generation of HTM professionals. Events will include:

- **HTM Best Practices in Large Health Systems Webinar**, May 21, 2–3 p.m. ET. During this special HTM Week webinar, leaders who manage in-house HTM departments at Intermountain Health, Texas Health, and Advocate Health will share industry-leading practices they successfully implemented across their systems. You can use these tips to enhance operational efficiency, performance, and productivity in any size HTM department.
- **Using HTM Data to Drive High Reliability Healthcare Webinar**, May 23, 2–3 p.m. ET. This webinar will describe how HTM professionals at the Department of Veterans Affairs (VA) reduced variability across the system's 170 medical centers. It will also explain how the VA uses data to improve patient safety, monitor and benchmark program performance, strategically plan for new medical technology, and manage medical equipment cybersecurity.
- **High school essay contest.** What will the HTM field look like a generation from now? For this contest, high school students must use their imaginations to share a vision—in 600 words or less—of their HTM career in 20 years, as well as how the technology of the future will be used to improve patient care. Gift cards will

be awarded for first (\$500), second (\$300), and third (\$200) place. Submit entries by April 22 to [HTMEssays@aami.org](mailto:HTMEssays@aami.org). The winners will be announced May 24.

- **Video competition.** What makes being an HTM professional fun? Show off your department's pride by recording a short video using an AAMI-produced musical track composed entirely of medical device sounds. Gift cards will be awarded for first (\$400), second (\$200), and third (\$100) place. Visit [www.aami.org/HTMVideo](http://www.aami.org/HTMVideo) for instructions. Submissions are due April 22, and the winners will be announced May 24.

Visit [www.aami.org/HTMWeek](http://www.aami.org/HTMWeek) for the full list of events, resources to help you celebrate, and information about how you can get involved.

## Cleveland Clinic, Google Cloud Advisor to Headline AAMI Exchange

With more healthcare data being collected than ever before, how can it be used to make healthcare delivery more efficient, more effective, and more affordable? Attendees at the AAMI Exchange in Cleveland, OH, will find out from a leader at the forefront of the big data revolution: Toby Cosgrove, MD, executive advisor, healthcare and life sciences for Google Cloud.

On June 10, Cosgrove, executive advisor and former president and CEO of the Cleveland Clinic (2004 to 2017), will take to the Main Stage to speak with AAMI President and CEO Robert Jensen about everything from big data and telehealth to personalized medicine to the cost of delivering healthcare to improving inequalities in healthcare delivery.

Cosgrove will draw on his experiences in both the healthcare and information technology sectors to discuss the opportunities that exist within the massive data sets being collected and the steps that companies such as Google and individual institutions such as the Cleveland Clinic are taking to analyze these data to effect change.

“Health technology has opened the door to huge amounts of data that have the potential to revolutionize the way patient care is delivered. But turning this data into knowledge isn't easy,” said Sherrie Schulte, AAMI's senior director of certification and meetings. “Dr. Cosgrove's experiences at the Cleveland Clinic and Google Cloud make him ideally suited to provide AAMI Exchange attendees with insight into the ways technology is poised to change healthcare delivery and the ways healthcare technology management professionals can prepare for a data-driven future.”

As president and CEO of the Cleveland Clinic, Cosgrove helped launch telehealth initiatives, such as Hospital at Home and Express Care Online App, that are currently the clinic's fastest-growing access portals. During his tenure, he led the \$8 billion organization to new heights of achievement and efficiency, seeing it ranked by U.S. News and World Report as the number two hospital in the country.

For more information about the AAMI Exchange and to register, visit [www.aami.org/AAMIExchange](http://www.aami.org/AAMIExchange).

## Workshop Teaches How to ‘Do Smarter’ Healthcare Technology Management

The AAMI Exchange will play host to a special one-day forum for healthcare technology management (HTM) professionals focused on utilizing alternative equipment maintenance (AEM) programs as an efficiency and quality improvement strategy. The workshop, which is scheduled for June 7 from 9 a.m. to 4 p.m. in Cleveland, OH, will be led by Frank Painter, professor of the clinical engineering graduate program at the University of Connecticut, and Matt Baretich, president and CEO of Baretich Engineering based in Fort Collins, CO.

“It's clear that there continues to be a lot of interest in AEM programs, albeit tempered by trepidation about exactly how to implement one,” said Baretich, who literal-

*(Continued on page 4)*

# AAMI Update (Continued)

(Continued from page 3)

ly wrote the book on AEM programs.

In his *AEM Program Guide: Alternative PM for Patient Safety*, Baretich outlined the three major objectives of AEM programs:

- Saving time (and money) on planned maintenance without compromising safety and compliance.
- Achieving the same level of equipment safety for medical devices in the AEM program as for medical devices that follow manufacturer recommendations.
- Being in full compliance with regulations and requirements from the Centers for Medicare & Medicaid Services and accrediting organizations, such as

The Joint Commission.

The workshop at the Exchange is the latest in a cross-country “roadshow” that Baretich and Painter have been facilitating to help HTM professionals better understand the value of implementing an AEM program.

“The slide deck I use is updated continuously, but I always start out with those three objectives. Later in the workshop, we talk about what words to actually use in our AEM policies, and I suggest ‘optimizing the use of maintenance resources’ as more appropriate than ‘saving money’ as an objective,” Baretich wrote in a post on the *AAMI Blog*. “We don’t want to make it sound like we’re just trying to cut corners and save a couple of bucks.”

The workshop utilizes an interactive format intended to provide attendees with a

strong understanding of how to create and execute an AEM program. Attendees also receive sample policies and procedures that they can leverage to produce significant time and cost savings for their departments and health systems.

“I hope that the HTM professionals who attend these workshops go home fully prepared to kickstart their AEM programs,” Baretich said. “Sound AEM principles, carefully considered, really do give us tools for evidence-based maintenance—that holy grail we’ve been seeking these many years. That’s not just rhetoric; it’s an opportunity to do smarter HTM.”

To register, visit the AAMI Store, [www.aami.org/store](http://www.aami.org/store), and search for product code AEM190607.

AAMI Staff

## Perspectives from ECRI Institute: Things that make you go “eww”—That mattress might not be so clean

It’s been over a year since we first placed the issue of fluid ingress and microbiological contamination of mattresses and mattress covers on the Top Ten Hazards list, and the ick factor has only grown. The issue at hand is fairly straightforward, if disgusting. Mattresses are everywhere in healthcare facilities, and are often covered with waterproof mattress covers to protect the mattress and allow for cleaning and disinfection between patients. If not properly cleaned and disinfected between patients, mattress covers can harbor pathogens. And, even if they are properly cleaned and disinfected, the mattress covers can become compromised over time, allowing the mattress underneath to become contaminated. In either case, patients have been shocked to lie on an apparently clean mattress, only to rise with wet or soiled skin and garments.

What does this look like? The Pennsylvania

Patient Safety Authority published a landmark report this past December that investigated reports in the PA-PSRS and FDA MAUDE databases from 2005-2018 and included gems like

*Patient placed on stretcher that was cleaned by housekeeping from the previous patient with gastrointestinal bleeding. After lying on the stretcher, the patient felt something wet underneath. When [the patient] felt around to ascertain the source, the patient's hand became wet with blood. When assessed, the blood was noted to be seeping through the stretcher mattress that had small cracks and tears. The patient was moved to a clean stretcher. Infectious Disease was consulted and appropriate screening was done on the source patient and the exposed patient.*

But that shouldn’t happen, right? Are you sure you’re not just giving me one more thing to go inspect? If I’m not hearing any problems, it means my EVS staff is totally on top of this?

- I. It happens a lot more than you think: The PA PSA report included the following statistics
  - a. 19 event reports including known patient exposure to another patient’s blood or urine
  - b. 309 event reports including known surface contamination (but not necessarily blood borne pathogen exposure)
  - c. A link between surface contamination and infections: the odds of an infected patient occupying a

(Continued on page 5)

## Perspectives from ECRI Institute (Continued)

(Continued from page 4)

bed whose prior occupant had the same organism was 5.83 times that of controls.

2. It happens at hospitals “just like yours” even if you aren’t hearing about it: clinical engineering staff at a 150-bed member hospital got curious about their own surfaces and instituted a facility-wide inspection of all mattresses and mattress covers. As they hadn’t received any reports of compromised surfaces or patient exposure to fluids, they were shocked to find that half of their mattresses showed at least some evidence of prior fluid ingress (mostly suspected to be cleaning fluids). Also, mattresses and mattress covers can fall through the cracks when it comes to inspection and maintenance: not all facilities have designated control numbers labeled on individual mattresses, let

alone have a schedule for inspecting them periodically for wear and signs of fluid ingress.

3. You might have to challenge or switch your suppliers if they can’t support you: Hospital EVS and infection prevention staff who are trying to get a handle on this situation can have trouble getting adequate information about appropriate cleaners and disinfectants to address common circumstances of mattress cover use (e.g., contamination with blood or bacterial spores). We expect that every cover should be able to be safely disinfected using at least one of each:

a. An antimicrobial product specified as being effective against mycobacterium tuberculosis, human HIV-1, and hepatitis B virus (found on the U.S. Environmental Protection Agency’s [EPA] List E).

b. A product specified as being effective against Clostridium (now Clostridioides) difficile spores (found on EPA’s List K).

Want more stories behind the headlines? Look up the PA-PSRS report at [http://patientsafety.pa.gov/ADVISORIES/Pages/201812\\_FluidIngress.aspx](http://patientsafety.pa.gov/ADVISORIES/Pages/201812_FluidIngress.aspx) and the Top Ten article at [https://www.ecri.org/components/HDJournal/Pages/Top\\_10\\_hazards\\_2019\\_No\\_2\\_mattress\\_contamination.aspx](https://www.ecri.org/components/HDJournal/Pages/Top_10_hazards_2019_No_2_mattress_contamination.aspx). EPA’s List E and K are available at [https://www.epa.gov/sites/production/files/2018-01/documents/2018.05.01.liste\\_.pdf](https://www.epa.gov/sites/production/files/2018-01/documents/2018.05.01.liste_.pdf) and [https://www.epa.gov/sites/production/files/2018-10.01.listk\\_.pdf](https://www.epa.gov/sites/production/files/2018-10.01.listk_.pdf) respectively.

And, as always, keep in touch with your device headaches and hassles,

*Erin Sparnon*  
Senior Engineering Manager, Health Devices  
ECRI Institute

## ACCE Congratulates the 2019 Class of Fellows of the American Institute for Medical and Biological Engineering (AIMBE)!

On March 25, 2019, ACCE Member: Thomas Judd, MS, CCE, FACCE was inducted to the AIMBE College of Fellows Class of 2019 for demonstrated leadership in national and global healthcare systems, developing world-class hospital teams, and clinical engineering and health informatics societies.

Tom joined 156 new AIMBE Fellows this year, recognized as the top 2% of the medical and biological engineering community.

AIMBE Fellows are among the most distinguished medical and biological engineers including 2 Nobel Prize laureates, 17 Fellows having received the Presidential Medal of Science and/or Technology and Innovation, and 158 also inducted to the National Academy of Engineering, 72 inducted to the National Academy of Medicine and 31 inducted to the National Academy of Sciences. Fellows are considered the life-blood of AIMBE and work towards realizing AIMBE’s vision to provide medical and biological engineering innovation for the benefit of humanity. Fundamental to their achievements is the common goal of embracing innovation to improve the healthcare and safety of society.



Left to Right: Christine Schmidt, AIMBE President, Tom Judd, Tejal Desai, Chair, College of Fellows.

# HIMSS 19: ACCE CE-IT Symposium, ACCE/HTA Reception and ACCE Education Session

## HTA/ACCE Awards Reception

Tuesday, February 12, 2019; 6:00 PM– 8:00 PM EST

Each year, ACCE presents its Advocacy Awards to deserving individuals nominated by their peers and worthy of recognition due to their outstanding contributions to the field of Clinical Engineering. The HIMSS 2019 HTA/ACCE Awards Reception was a continuation of this tradition of remarkable awardees. We thank our sponsor Enlighted Inc, for the continuous support to the profession.

For his tireless dedication to promoting the field of clinical engineering through his myriad presentations, articles, organizational involvement and workplace rigor, Axel Wirth was awarded the Tom O'Dea Advocacy Award.

Dr. Julian Goldman, a leader in understanding of health delivery systems, received the CE-HTM Champion award due to his tireless support of Clinical Engineering and Healthcare Technology Management – amplifying the status and impact of the HTM profession.

These two awards were presented by Arif Subhan, ACCE President, to energetic applause by all attendees. Cheers to our 2019 Advocacy Award Winners!

The final award to be presented at the Reception was the joint ACCE/HIMSS Excellence in CE-IT Synergies award. This year's accomplished awardee was Bridget Moorman, who was recognized for her demonstrated leadership in promoting and implementing significant synergies between the clinical engineering and information technology professions. Ms. Moorman was selected jointly by the Boards of Directors of the American College of Clinical Engineering (ACCE) and the Healthcare Information and Management Systems Society (HIMSS). This joint award was presented by Steve Wretling, HIMSS CTIO and Arif Subhan, ACCE President.

Clarice Holden  
Advocacy Committee Chair  
[advocacychair@accenet.org](mailto:advocacychair@accenet.org)



Dr. Julian Goldman receiving the 2019 ACCE CE-HTM Champion Award from Arif Subhan



Axel Wirth receiving the 2019 ACCE Tom O'Dea Advocacy Award



Women in CE/HTM



Bridget Moorman receiving the 2019 ACCE/HIMSS Excellence in CE-IT Synergies award from Steve Wretling, CTIO/HIMSS and Arif Subhan, President/ACCE.

# HIMSS 19 (Continued)

## 2019 ACCE CE-IT Symposium: “Safe and Effective Application of Networked Medical Systems” (pre-HIMSS19)

Monday, February 11, 2019

Medical equipment creates unique challenges for Clinical Technology Professionals in IT security. As a community we must remain forward thinking to determine what challenges lay ahead, and how we can prevent the next attack. The ECRI institute continues to identify cybersecurity as a top 10 hazard, showing a rapid increase in IT related alerts. The NIST framework for cybersecurity can provide medical centers guidance to be better prepared for response and recovery from attacks. Maintaining an accurate inventory of networked medical systems can be critical to preparation. Developing a standard templated approach to networking medical systems is critical to rapid implementation and support. This approach can also be applied to what equipment should be networked, and integrated, as well as how it should be configured after being placed on the network. Equipment is forever evolving and changing. We must be responsive to industry trends and work plan protection into the next generation of medical equipment. Finally, we should build network security into our purchasing practices.

If you missed the symposium, presentation material can be found on ACCE website, under [Publications tab](#).

ACCE would like to thank our speakers: Julian Goldman, Juuso Leinonen, Sue Wang, Chris Nowak, Prakhar Kapoor, Bridget Moorman, Thomas Skorup, Carol Davis-Smith, Jennifer Ott, and Mike Schiller; and to the Symposium Task Force team: Danielle Cowgill, Eric Aring, Jennifer Jackson, Axel Wirth, Juuso Leinonen, Steve Grimes, Ilir Kullolli, and Ricardo Silva for their excellent work! ACCE also thanks our co-sponsors Asimily, CloudPost, Nuvolo, and Zingbox for their generous support!

*Eric Aring*

*Education Committee member and Task force member*

[EAring@stanfordchildrens.org](mailto:EAring@stanfordchildrens.org)

On Wednesday, February 13, 2019, ACCE presented an education session on “Presenting the case of Cybersecurity Education for Clinicians” by Axel Wirth, Distinguished Technical Architect, Symantec Corporation and Dr. Joseph Schneider, Clinical Assistant Professor, UT Southwestern Medical Center.

The session description was as follows: *Today’s security risks are too complex and the risk to care delivery and patient safety is too high for cybersecurity to be relegated to the purely technical realm. Cybersecurity programs can only succeed if based on a holistic approach that involves a constructive partnership between stakeholders. This session will explore how organizations can improve cybersecurity when decisions are made as a partnership between security-educated clinicians and security professionals that balances patient and societal needs for health, safety AND security.*



Seated: Thomas Skorup, Bridget Moorman, Mike Schiller, Jennifer Ott, Prakhar Kapoor. 2<sup>nd</sup> row: Carol Davis-Smith, Dr. Julian Goldman, Sue Wang, Chris Nowak, Juuso Leinonen



100+ participants



Left to Right: Jim Panella, ACCE Treasurer, Dr. Joseph Schneider, Axel Wirth

# 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
Gabriel Alcala	Institutional/ Associate	Biomedical Engineering Technician	The University of Illinois Hospital & Health Sciences System	IL/USA
Samar Alibrahim	Institutional/ Associate	Clinical Engineering Security Specialist	Intermountain Healthcare	UT/USA
Sergio G. Arreola	Institutional/ Associate	Biomedical Engineer	The University of Illinois Medical Center	IL/USA
Nat (Vidynath) Battar	Institutional/ Individual	Chief Biomedical Engineer	Central Alabama Veterans Health Care System	AL/USA
Jesus Enrique Cedillo de Leon	Candidate	Biomedical Engineer	Clinica Cuauthemoc y Famosa by Heineken Mexico Group at Monterrey	Mexico
Israel Gallardo	Institutional/ Associate	Biomedical Engineering Technician	The University of Illinois Medical Center	IL/USA
Dorothy Hodges	Institutional/ Associate	Clinical System Analyst	Stanford Children's Health	CA/USA
Robert Hong	Institutional/ Associate	System Engineer II	Stanford Children's Health	CA/USA
Matthew Jones	Institutional/ Associate	Clinical Engineering Security Specialist	Intermountain Healthcare	UT/USA
Julie Miller	Institutional/ Individual	Senior Project Engineer	ECRI Institute	PA/USA
Nick Muhlenbruch	Institutional/ Individual	Biomedical Engineer	Dept. of Veterans Affairs-Office of HTM	Minnesota/USA
Tony Naple	Corporate/ Associate	Director Strategic Alliances & Business Development	Ordr	CA/USA
Gnanaprakasam Pandian	Corporate/ Associate	Co-founder and Chief Product Officer	Ordr	CA/USA
BJ Rousey	Institutional/ Associate	Medical Device Security Manager	Intermountain Healthcare	UT/USA
James Schilling	Individual	Facility Manager	UCH Broomfield Hospital	CO/USA
Sudheendra Tumkur	Institutional/ Individual	Manager	Stanford Children's Health	CA/USA



# Welcome to our newest Corporate/Institutional members

The University of Illinois Medical Center and Ord



## Congratulations to our Newest Fellow Members:

### **Barbara Maguire, CCE, FACCE**



Fellow status in the ACCE is a unique honor which recognizes distinguished service to the profession or achievement in the field of Clinical Engineering. We are pleased to welcome our newest Fellow Member: Barbara Maguire, CCE, FACCE.

“You have made significant contributions over the span of more than two decades. Your commitments to the profession are evidenced by your active participation in professional organizations including ACCE and AAMI. You actively participated in the ACCE Board for many years including ACCE Secretary and represented ACCE in the FDA Workshops on Servicing. In managing many large clinical engineering programs across the country, you have consistently enhanced the profession of clinical engineering.” said Arif Subhan, ACCE President.



### **Jim Caporali, MS, CRES, SASHE, FACCE**

“You have made significant contributions over the span of more than two decades. Your commitment to the profession is evidenced by your active participation in professional organizations including ACCE and ASHE. You actively participated in ACCE for many years including ACCE Member-at-Large and as Chair, Membership Committee. You have held many leadership positions in Clinical Engineering at hospitals in your career. Your achievement as a Senior Member status of ASHE demonstrates your strong contribution to the field of healthcare facility engineering.”, said Arif Subhan, ACCE President.



### **Petr Kresta, P.Eng., FCMBES, FACCE**

“You have made significant contributions over the last three decades internationally. Your commitment to the profession is evidenced by your active participation in professional organizations including ACCE, HTCC and CMBES. As ACCE Board member and later as President you have advanced the image and stature of ACCE. You enhanced the value of Clinical Engineering Certification worldwide as the Chair of HTCC. As COO of Diagnostic Services, Shared Health, Winnipeg, Manitoba you have demonstrated the importance of clinical engineering to your health system. Your fellow status in CMBES demonstrates your strong commitment to the clinical engineering profession in Canada. Personally, you have acted as my mentor for many years.”, said Arif Subhan, ACCE President..

# Educational Webinar Series 2019-2020

We want your suggestions:

- If you would like a webinar on a specific topic, please send us your suggestions
- Openings available for webinar speakers 12pm-1pm (Eastern)
- If you are interested and willing to share your expertise, please contact Danielle Cowgill

Daniele Cowgill  
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Suly Chi  
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## 2019 Members Meeting/Awards Reception

**Date/Time: June 8, 2019, 7:30pm – 10:00pm**

**Location: Hilton Cleveland Downtown, Hope A-C**

Join us for our yearly update! Network with your peers and congratulate the 2019 Awards recipients and the 2019 Clinical Engineering HOF inductees.

**RSVP TODAY!** to be entered in the evening Raffle.

For more on ACCE events during AAMI Exchange 2019, please go to: <https://accenet.org/NewsEvents/Pages/AAMI19.aspx>



### ACCE thanks our sponsors:

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# Join ACCE at AAMI Exchange 2019, Cleveland



ACCE is a Contributing Organization for AAMI Exchange 2019. ACCE current members are eligible to register for the conference at discounts off the non-member registration fees.

## **Clinical Engineering Symposium: (presented by ACCE)**

### **The In's and Out's of a Clinical Engineering Program**

**Date:** Saturday, Jun 08, 2019, 8:00 am-10:30 am

**Location:** Huntington Convention Center, Ballroom A, 300 Lakeside Ave. E, Cleveland, OH 44113

Coffee/pastries will be available during the session, so please plan to arrive 10 minutes early.

ACCE would like to thank our Coffee Sponsor:



### **Theme:**

In the ever-changing landscape of healthcare, the field of clinical engineering must change just as rapidly. This symposium will begin with a discussion around personnel management including career development, succession planning, and examples of successful programs for all levels of personnel. This will be especially focused on frontline and entry-level staff.

The second half of the symposium will be a round table discussion on the future of clinical engineering. Various topics that may be discussed include the role of Clinical Engineering/HTM in cybersecurity, home diagnostics, virtual reality, clinical informatics and clinical decision support, robotics/3D printing, and more!

Time	Topic/Description	Speakers
8:00 AM – 8:05 AM	Welcome and Introduction	Arif Subhan, MS, CCE, CHTM, FACCE, ACCE President
8:05 AM – 9:05 AM	Personnel Management for Clinical Engineering/ Biomedical Engineering Teams – Career development; succession planning; internship programs	Steve Juett Jeremy Rogers
9:05 AM – 9:20 AM	BREAK	
9:20 AM – 10:30 AM	Round Table Discussion – The Future of Clinical Engineering with the Potential for Discussion on Various Topics including the role of Clinical Engineering in Cybersecurity, Robotics, Virtual Reality, Home Diagnostics, and more.	Moderator – Jim Caporali Panelists – Ilir Kullolli Sue Schade Rob Jensen Dustin Smith

## AAMI Education Sessions, Powered by ACCE

**Date:** Sunday, June 9, 2019

**Time:** 8am-9am

**Topic:** “Clinical Engineering Project Management 101”

**Speakers:** Ray Laxton/Sutter Health & David Francoeur/SODEXO Clinical Technology Management

**Description:** Technical project management is traditionally taught with IT projects. As Clinical Engineering merges with IT, the scope of project management expands especially when involving clinical settings and medical departments. Principles and fundamentals of clinical engineering project management can be scaled to larger and more complex projects as the environment shifts.

**Date:** Monday, June 10, 2019

**Time:** 8am – 9am

**Topic:** “Elevating the CE-HTM Department: Getting Out of the Basement”

**Speakers:** Mike Busdicker/Intermountain Health & Perry Kirwan/Banner Health

**Description:** Clinical technology departments are notorious for being found in the basement of the hospital. But just because you're underground doesn't mean that you're unnoticed or unimportant at your organization. Frontline staff can learn how to 'get out of the basement' and elevate yourself at your organization by aligning with organizational goals, developing KPIs, and making yourself a more valuable asset

## 29<sup>th</sup> ACCE Annual Members Meeting and Award Reception

**RSVP:** [Click Here](#)

**Location:** Hilton Cleveland Downtown, Hope ABC, 100 Lakeside Avenue East, adjacent to the convention center.

**Date:** Saturday, June 8, 2019, 7:30PM – 10PM

- **Members Meeting:** General update of year's event
- **Awards Ceremony:** Congratulations to the 2019 Advocacy Awards recipients
- **Hall of Fame inductees:** Class of 2019
- **Reception/Networking**



**ACCE would like to thank our various Sponsors:**



# ACCE at Huntington Cleveland Convention Center Exhibit Floor, Booth# 1135

- Learn about the new teleconference series
- Learn about the Certification in Clinical Engineering Program
- Learn about the membership programs
- Learn about volunteering opportunities
- Learn about the mentoring program
- Learn about ACCE International activities
- Connect with old and new friends
- Check/update your membership status
- Purchase your ACCE memorabilia's



## Global Forum

ACCE together with AAMI and IFMBE/CED is organizing sessions/speakers for the Global track:

**On Friday, June 7, 2019: 4-5pm, join Arif Subhan, ACCE President at the Global Reception**

**And join Saturday-Monday sessions with many our international members/collaborators. Here a few samples:**

**Saturday, 9:15-10:15am**

**Medical Device Incident Reporting and Investigations in the US and Japan: (JCE/ACCE)**

Fumika Aoki, Japan Association for the Advancement of Medical Equipment

Larry Fennigkoh, Milwaukee School of Engineering

Tomokazu Nagasawa, University of Colorado Health

**Sunday, 8am – 10:15am**

**Global Best Practices in HTM/CE**

Bassam Tabshouri, American University of Beirut Medical Center,

Mery Vidal, Auna;

Bill Gentles, BT Medical Technology Consulting;

Ashenafi Hussein, Ethiopian Society of Biomedical Engineers & Working Group on Africa Activity;

Lorenzo Leogrande, Gemelli Polyclinic Foundation;

Mike Capuano, Hamilton Health Sciences;

Iilir Kullolli, Stanford Children's Hospital (Moderator)

For a more complete list on the Global track, visit <https://www.aami.org/AAMIExchange/content.aspx?ItemNumber=7361&navItemNumber=7362>

## Complimentary 3-Day Expo-Plus Pass

ACCE members can download a Complimentary Three-Day Expo-Plus Pass, a \$50 value, that includes access to the AAMI Exchange Main Stage Presentations, Expo Hall, AAMI's Career Center. To download the form, [click here](#).

## Journal of Clinical Engineering Call for Papers

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

# III ICEHTMC

OCT 21<sup>st</sup> – 22<sup>nd</sup>  
Rome – Italy

2019



**IFMBE**  
Clinical Engineering Division



## International Clinical Engineering and Health Technology Management Congress

### Call for abstracts (deadline 30<sup>th</sup> of April 2019)

The third event of the International Clinical Engineering and Health Technology Management Congress is a great opportunity to bring together global experts, biomedical and clinical engineers, academics, politicians and decision makers, representatives of the medtech industry and all those involved with the wide variety of health technologies that are shaping the way healthcare is being delivered today and in the future.

The congress, **organized by the Clinical Engineering Division of IFMBE ([www.cedglobal.org](http://www.cedglobal.org)) with the local support of the Italian Clinical Engineers Association AIIC**, will cover a wide spectrum of topics, from clinical risk management to health technology assessment, from ICT and medical informatics to international standards and regulations, from maintenance and health operations to the development of innovative devices, and many others. The overall goal of the event is to drive an open discussion to share experiences and best practices on the global impact that health technologies have on healthcare quality and effectiveness in different settings; we're building an exciting program with worldwide experts and key opinion leaders, and we're looking forward to great contributions from everyone as posted in the call for abstracts and student competition. For more information visit [www.icehtmc.com](http://www.icehtmc.com).

**[www.icehtmc.com](http://www.icehtmc.com) - #GlobalCEDay**

## May Educational Webinar

### Implementing an Effective AEM: Two Data Analysis Approaches



Arleen Thukral, CCE CHTM  
VSN20 Network Biomedical Eng.  
VA North West Health Network

D. Courtney Nanney, CCE CLSGB  
National Quality Manager, CE  
Catholic Health Institute

**Date/Time:** Thursday, May 9, 2019, 12:00pm-1:00pm (EST)

**Registration:** go to <https://accenet.org/NewsEvents/Pages/Webinars.aspx>



#### Arleen Thukral, CCE CHTM

Arleen Thukral is a VSN 20 Network Operations Biomedical Engineer for VA North West Health Network including Alaska, Seattle, Boise, Spokane, Walla Walla, White City and Roseburg VAMCs. She began her tenure with the Department of Veteran Affairs through the Technical Career Field (TCF) program and became Chief Biomedical Engineer in 2014 at Fresno, CA, VA Hospital. She is a past president of California Medical Instrumentation Association, San Joaquin Valley Chapter. Originally from the east coast, Ms. Thukral graduated from Rensselaer Polytechnic Institute with a BS and MS in Biomedical Engineering.



#### D. Courtney nanney, CCE CLSGB

Courtney Nanney is the National Quality Manager for Clinical Engineering with Catholic Health Initiatives which recently merged with Dignity Health to form CommonSpirit Health.

He has been in the field for over 30 years. He is past president of the Tennessee Biomedical Instrumentation Association and the Kentucky Association for Medical Instrumentation. He has worked in various roles from radiology engineer to HTM director. In his current role, he is responsible for quality management including AEM, recall management, cyber security, forensic investigation, data management, process improvement, and other duties as assigned..

#### Session Description:

Learn about two different AEM approach of identifying PM preventable work orders and calculation methodologies to determine maintenance strategies.

One uses a data model to identify preventable maintenance related failures ensuring good data quality for use of survival analysis to determine dynamic PM intervals. This methodology focuses on ensuring maintaining 85% survival lower confidence interval for all equipment, which may result in increased PM time during some years of equipment lifecycle.

The other uses MTBF calculations and weekly monitoring of incidents and PM preventable work orders. This methodology focuses on comparison between shop and national data for best practices.



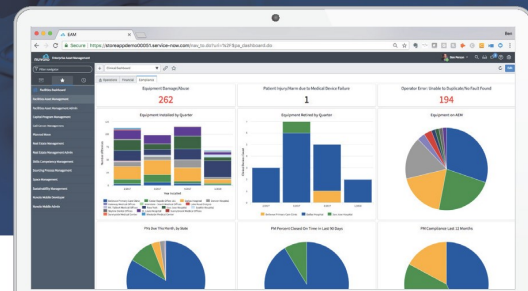
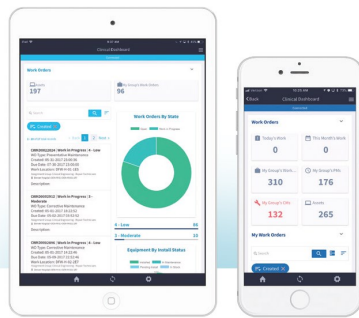
# Purpose-Built Healthcare Technology Management



Generic CMMS systems were not designed for the unique needs of Healthcare Technology Management (HTM) organizations. Until now, Clinical engineers have been forced to operate with disparate collections of rarely-integrated, legacy software products, spreadsheets, and paper-based tools. Not anymore.

**Nuvolo's Clinical EAM solution, leverages a state-of-the-art architecture that delivers maximum flexibility, enabling:**

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- Visual self-service configurable workflows
- A "mobile-first" design philosophy where the technician's on-site user experience is paramount
- Mobile device operation...with or without internet connectivity



**Nuvolo's HTM solution delivers HTM professionals not only unrivaled flexibility, but a host of baseline capabilities, out-of-the-box:**

- Alternative Equipment Maintenance (AEM)
- ECRI and RASMAS Integration
- FDA UDI Support and Mapping
- Joint Commission Audit Reporting
- Environment of Care Reporting
- Product Recall and Safety Alert Management
- RTLS Integration
- Standard or Custom Risk Inclusion Frameworks
- Asset and Component Relationship Mapping
- Medical Device Cyber Security

To learn more about the modern HTM solution, contact us at [sales@nuvolo.com](mailto:sales@nuvolo.com) or visit us at [nuvolo.com](http://nuvolo.com).

# Clinical Engineering Certification Program

**The purpose of certification is to promote healthcare delivery improvement through the certification assessment of competency of professionals who support and advance patient care by applying engineering and management skills to healthcare technology.**

- The CE certification process includes establishing and measuring: the level of knowledge, the ability to communicate that knowledge, the ability to use that knowledge to solve problems in healthcare technology, that are required for certification as a clinical engineer.
- Providing a standard for certification, thereby assisting the employer, public and members of the health professions in the assessment of the clinical engineers
- Recognizing formally those individuals who met the eligibility requirements of the Board and pass the Certification examination.
- Requiring continued personal and professional growth in the practice of clinical engineering to maintain certification.

## 2019 CE Certification Examination

**The computerized written examination will be available from November 2, 2019 through November 16, 2019**

**Application deadlines:**

- Testing in the US & Canada: July 19, 2019
- Testing outside the US & Canada: June 22, 2019 (in major cities around the world)

**For detailed information and to apply, go to:**

**<https://accenet.org/CECertification/Pages/Default.aspx> or scan the QR code:**



## April Webinar: complimentary to ACCE members

**DNV-GL Healthcare Update 2019: An Inside look at the Accreditation of Medical Equipment Management**

**Date/Time:** Thursday, April 25, 2019, 12:00pm-1:00pm (EDT)

**Pre-Registration required:** [click here to register](#)

Sponsored by



Randall "Randy" Snelling is the Director of Operations at DNV Healthcare, Inc. He is responsible for oversight of DNV Healthcare Accreditation and Certification surveyors and associated activities. Randy's responsibilities include ensuring surveyor staff maintain competency in all areas of their respective disciplines, be it PE specialist, Generalist and /or clinical. He has had an integral role for the development of the NIAHO<sup>SM</sup> Accreditation Program under deeming authority from the Centers for Medicare and Medicaid Services (CMS) and is responsible for Physical Environment standards, interpretive guidelines, and comprehensive survey process.

Randy has more than 2 decades of experience in various roles related to Accreditation and Certification of hospitals and hospital departments. In this time, he has worked directly with CMS staff including a robust involvement in the discussions to allow AEM in the management of medical equipment maintenance in hospitals.

Randy's educational background includes a Bachelor of Science in Occupational Education from the University of Louisville, ISO 9001 Lead Auditor, and numerous certifications in the maintenance and building industries. He is an experienced speaker who has presented at numerous state and national conferences for over a decade across the USA.

Kelly Proctor, CHFM, CHSP, CHOP, is the Physical Environment Sector Lead at DNV GL.

Kelly resides in Acworth Georgia and has over 30 years of experience in the healthcare field. He is currently employed as a Physical Environment Sector Leader and a Lead Surveyor for DNV-GL Healthcare. Kelly has performed over 500 surveys for DNV-GL and has surveyed hospitals all over the United States, South America, Europe and Asia for DNV-GL.

Kelly holds a Master's Degree in Mechanical Engineering and is a Certified Healthcare Facilities Manager and a Certified Healthcare Safety Manager as well as a Certified Healthcare Operations Professional. He is also a certified Lead Auditor for ISO 9001 and 14001 and a certified NIAHO Lead Surveyor.

**Session Description:** An overview of DNV GL including:

- *The effect of the new ISO 9001:2015 Standard on the controls of medical equipment*
- *Latest examples of NIAHO<sup>®</sup> required process management in addressing equipment control challenges:*
  - ✓ *AEM ... a DNV GL innovation in accreditation*
  - ✓ *100% of equipment must be maintained or controlled*
  - ✓ *Traceability of calibrations*
  - ✓ *Med Equipment Mgmt. relationship to Infection Control*
  - ✓ *Staff Competency/training records*
  - ✓ *Clinical staff training on equipment*
  - ✓ *Controls of doctor -owned and rental equipment*
  - ✓ *Control of nonconforming equipment*
  - ✓ *The most common NIAHO<sup>®</sup> Medical Equipment Management survey findings from the past two years.*



# From the Editor's Desk: The US Federal Government's New Interoperability Efforts

In February 2019, the National Science Foundation in support of the Networking and Information Technology Research and Development (NITRD) National Coordination Office (NCO) submitted a Request for Information (RFI) in the [Federal Register](#). My understanding of the purpose of this RFI is to gather information on the current state of medical device interoperability (or lack thereof) of medical devices and the various manufacturer-agnostic attempts to make interoperability easy and the norm, rather than a large project every time a multi-vendor interoperability solution is needed by a healthcare organization..

Of particular interest to me was the "Future Vision" of this group – a portion of which is copied below.

... *Future Vision: When people with serious injuries or illness are hospitalized medical device additions and changes are automatically recorded with no deficit in patient safety, loss in data fidelity, or data security as the patient transitions across the continuum of care. Additional medical devices can be added or removed as the patient's status changes and details of these changes, calibration of the instruments, and each equipment's unique device identifier [UDI] and configuration settings are recorded and synchronized. If a piece of equipment breaks, it can be switched seamlessly with a device from another vendor. Data and settings from patient medical devices, such as insulin pumps, are identified, integrated, and time synchronized, and select data are included in the electronic health record. As autonomous capabilities are added, real-time care is logged, and supervisory control established to ensure the provision of real-time patient monitoring and support. When providers are not available, or have competing demands, medical devices will function in a closed loop, autonomous manner with appropriate safety and control measures to stabilize the patient. Data will flow through changes in equipment that occur in moves from the emergency room, to the operating room, to the intensive care unit, to a rehabilitation facility, and finally to the home. This will allow for data and metadata to flow even as changes in equipment are mapped to individual patient needs and environment. Each change in equipment configuration will be noted in the supervisory system/medical record and in the metadata (e.g., the UDI) generated by the device. The resulting patient record from these systems will include device data, metadata, and care documentation. These patient records can be stored and analyzed using medical black box recorder-equivalents to assess adverse events or examine unexpected positive outcomes. This will also improve the consistency and quality of care; create real-time automated care systems; create a learning health system...*

IHE, and its Patient Care Devices (PCD), has been working for about 10 years on interoperability of medical devices and is one of the organizations that has submitted information for the RFI. ACCE is one of the sponsoring organizations of IHE PCD.

IHE's answer to the RFI's question about the viability of the RFI's

"Vision" statement states in part: "... The Federal vision is viable through scalable interoperability assuming that the industry can come together ... to focus on interoperability...There are challenges to achieving this vision, however, many of the capabilities described in the federal vision already exist from a technical perspective ..."

The Government anticipates hosting a conference in June/July 2019 to allow for additional engagement. The results of the conference discussion, in addition to the written responses to the RFI, will be used to determine next steps in addressing federal efforts in interoperability of data, platforms, and medical devices.

ACCE members, many who are involved in various interoperability projects, should be interested in and engaged in this conference. When it becomes available, more information will be posted on the ACCE website.

Ted Cohen

Co-editor ACCE News and ACCE IHE liaison



The advertisement features the AIMS logo (Asset Information Management System) in red and white. To the right, a hand points at a digital interface with various icons labeled: INCREASE PRODUCTIVITY, LOWER LABOR COSTS, AEM, REGULATORY COMPLIANCE, COSR, and CMMS. Below the interface is a red banner with the text "Innovation In Healthcare CMMS for Over 35 Years". Underneath is a section titled "Improve your CMMS Experience" with a bulleted list of benefits. At the bottom, it states "Your CMMS Solution with 3,000 Hospitals in 18 Countries." and includes the Phoenix Data Systems, Inc. logo, a testimonial, the phone number 800.541.2467, and the website www.goaims.com.

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# Healthcare Technology Foundation News

## Hospital at Home

Many American senior citizens want to live at home rather than move to an assisted living facility. Luckily the trend in healthcare today is to also keep the elderly out of the hospital environment when they become seriously ill. The following is an example of the new Hospital at Home (HaH) program that had just sprouted at Brigham and Women's hospital in 2017:

"Todd Payton, 55, arrived at the Brigham emergency room recently because his congestive heart failure had worsened, and fluid had collected around his lung. He agreed to participate in the study and was randomly assigned to home admission. Dr. Levine rode home with him in the ambulance and set up to care for Mr. Payton at home.

Over about two hours, Dr. Levine took a medical history and attached a small patch to Payton's chest to wirelessly monitor heart rhythm, respiratory rate, temperature, falls, sleep, and how many steps he took during the day. A computer tablet sends these signals to caregivers and allows patients to text and conduct video visits. Abnormal vital signs sound an alarm on Dr. Levine's phone.

Dr. Levine started Payton on intravenous diuretics — the same treatment he had received during previous hospital stays — as well as meal delivery. One night the alarm on Dr. Levine's phone buzzed, telling him no vital signs had come in from Payton for an hour. Dr. Levine called his patient's home. Mr. Payton had fallen asleep on the tablet, blocking transmission."<sup>1</sup>

*"Hospital at home (HaH) programs that enable patients to receive acute care at home have proven effective in reducing complications while cutting the cost of care by 30 percent or more, leading to entrepreneurial efforts to promote their use. But widespread adoption of the model in the U.S. has been hampered by physicians' concerns about patient safety, as well as legal risk, and by the reluctance of payers, including Medicare, to reimburse providers for delivering services in home settings."*<sup>2</sup>

Key components for HaH is telemedicine of some flavor and as you can see from the example above, there is room for improvement such as preventing the blocking of transmissions of the vital signs. Integration of connectivity technologies including telemedicine will most certainly increase the level of care to the patient.

The monitoring involved can include many possibilities including activity, hydration state, body temperature, weight, blood pres-

<sup>1</sup> <https://www.bostonglobe.com/metro/2016/11/10/hospitals-home-launch-boston/zZ4AbEeQXUKVsmmPkKzo4J/story.html?event=event25>

<sup>2</sup> Commonwealth Fund, 2019



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

sure, etc. Coupling the technology of data transmission with analytics, intervention can begin earlier, and the level of care will be augmented.

A big question is who delivers the care the people need in their homes? Currently programs are mostly run by visiting nurses and physicians when necessary, which is costly. Does a paramedic have the skill sets in some instances? Availability, familiarity with the neighborhood and the speed of response would be a big benefit. What functions paramedics are able to perform and who they work with for direction would have to be established. The ideal solution would include all of the above in an escalation scheme not unlike EMS deployment for medical issues. Having been involved with a prototype system that used EMT's and Paramedics to provide care, it had issues but, in my opinion, it worked well and was a good start.

This program differs from Hospital to Home, as it attempts to skip the hospital part, while providing a similar level of care in the patients' home where they feel safe and comfortable. It will be very interesting to see if this will get paid for by the insurers and what the level of adoption becomes.

So, look for this in your facility and get involved early. You have good ideas about how to use the equipment that will be used and how to support it. It's a lot easier to get it working right from the beginning rather than to fix it later when it runs off the rails.

Thank you for your time and see you next issue.

Paul Coss, RN  
President, HTF  
[president@thehtf.org](mailto:president@thehtf.org)

## Global Healthcare Technology

HTF participated in a successful HTM workshop held at PAHO in Washington, D.C., from March 25-27. Tobey Clark, Jennifer Ott and Jim Wear were instructors along with Mike Lane. There were 16 participants from the Caribbean Nations (Anguilla, Antigua and Barbuda, Bahamas, Barbados, Bermuda, Cayman Islands, Grenada, Guyana, Jamaica, St. Lucia, St. Vincent and Grenadines, Suriname, Trinidad and Tobago, Turks and Caicos). The focus

(Continued on page 19)

# WHO Collaborating Center for HTM Update

Leaders from fourteen Caribbean nations attended the Healthcare Technology Management Workshop in Washington, D.C., March 27-29 sponsored by **Pan American Health Organization** and the **Healthcare Technology Foundation (HTF)**. The workshop faculty included ACCE members James Wear, Jennifer Ott, Michael Lane, and Tobey Clark with active participation from Alexandre Lemgruber, PAHO Senior Advisor for Health Technologies. Also, Paul Coss, HTF President, was prominent in an opening video welcome.

The **WHO Collaborating Center for HTM** at the **Technical Services Partnership, U. of Vermont** coordinated the event which featured more than eight hours of active discussion between participants and faculty, and included topics such as project planning/deployment, medical device cybersecurity, and network integration and support in addition to staple HTM content.

The *Caribbean Working Group on Health Technology Management* was established and will be facilitated by the *Community of Practice* at the **Regional Platform on Access and Innovation for Health Technologies (PRAIS)** on the PAHO website. Future activities will focus on Caribbean nations leveraging actions through collaboration amongst participants in the areas of procurement and maintenance. The collaborating center welcomes inquiries from interested ACCE members to become involved in the improvement of HTM in the Caribbean.

In Peru, collaborating center Senior Advisor, Rossana Rivas, and Tobey Clark are teaching a six week course on HTM for the NIH of Peru. The Peruvian NIH is similar to the CDC in the US and consists of major laboratories in the capital, Lima, and smaller regional labs throughout the nation. HTM principles are being applied to the public health laboratories through capacity building to improve the quality, cost-effectiveness, and availability of equipment.

Twenty-five participants are part of the hybrid course consisting of two all-day, in person classes and four webinars supplemented by online resources and assignments. The final class on April 25th will feature project presentations by five teams.

A webinar was provided to the PAHO **RedETSA** technology assessment group. Sixty-eight attendees from the Americas participated in the April 12<sup>th</sup> session on HTA and Creating Sustainable Technologies: Health Technology Management. There is strong interest in sustaining technologies shown to have value during the assessment process. Additional webinars are planned for this group.

*Tobey Clark*  
University of Vermont  
[Tobey.clark@uvm.edu](mailto:Tobey.clark@uvm.edu)



Representatives (left to right) from St. Lucia, Cayman Islands, Jamaica, Trinidad and Tobago, Bermuda, and Anguilla focus on the presenter.



Workshop participants and faculty break for a photo outside the State Plaza Hotel in Washington, D.C.

## HTF News (Continued)

*(Continued from page 18)*

was on planning – new and replacement technologies, acquisition process, project planning and deployment, and maintenance services. We are working to assist PAHO with future in-country workshops, webinars, online courses and publications related to healthcare technology. We are hoping to fill a critical need in supporting international HT professionals. Tobey Clark is leading this effort.

### Clinical Alarms

The group is continuing to work on the home health alarms. They have had success with the Elevating Home contact and are pursuing further collaborations.

### 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](http://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!

*Jennifer C. Ott, MSBME, CCE, FACCE*  
Secretary, HTF  
[secretary@thehtf.org](mailto: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](http://LWW.com) to enter code.



### ACCE Calendar

#### April 25, 2019

Complimentary Webinar: 2019 DNV-GL Updates  
Pre-registration required. [Click here.](#)

#### May 9, 2019

Webinar: Implementing an Effective AEM: Two Data Analysis Approaches  
[More info](#)

#### May 21-24, 2019

42nd Canadian Medical and Biological Engineering Conference  
Ottawa, Ontario, Canada  
<https://www.cmbes.ca/news-events/cmbec-conference>

#### June 7-10, 2019

AAMI Exchange 2019  
Cleveland, OH  
[AAMI Exchange 2019](#)

#### June 8, 2019, 8AM-10:30AM

Clinical Engineering Symposium by ACCE, AAMI Exchange 2019  
Cleveland Huntington Convention Center, Cleveland, OH

#### June 8, 2019, 7:30PM-10PM

ACCE Members' Meeting & Awards Reception  
Hilton Cleveland Downtown

#### June 14, 2019

Deadline to renew CCE (expiring on June 30, 2019)  
[Click here to find the CCE Renewal Handbook and Renewal Form](#)

# ACCE

AMERICAN COLLEGE OF CLINICAL ENGINEERING

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