

ACCE News

Newsletter of the American College of Clinical Engineering

March—April 2015

Volume 25 Issue 2



ACCE Announces the 2015 Advocacy Award Recipients

See [Page 7!](#)

In this
Issue:

View from the Penalty Box	3
AAMI Update	5
New Members	6
Advocacy Award Recipients	7
HTF Update	9
International Update	10
ECRI Perspectives	11
ACEW	11

President's Message



I'm finishing this article on the first day of spring, and I'm sure most of you (especially in the US northeast) are glad winter's over. Well, I hope it's over. This time I'll highlight some new international activities, discuss certification, follow-up with some interoperability items and then finish with IHE Connectathon results and some related thoughts.

International Activities

ACCE is increasing our international profile. Health technology (HT) leaders in Peoples Republic of China (PRC) are planning their First International Clinical Engineering (CE) and Health Technology Management (HTM) Congress (ICEHTMC) in October 2015. Yadin David is heavily involved in this effort. The International Committee was aware of the Congress; when

Yadin approached ACCE about endorsing it, they fully supported the idea. ACCE is now an official endorser of the Congress and our logo will appear in related publications.

Based on recent ACCE activities in Latin American (including our ACEWs), we were approached with a slightly different proposal. ACCE is looking into a new type of ACEW - it would happen in the US and focus on leaders and physicians. The premise is to provide 'classroom' teaching on HTM in the morning, with hospital site visits in the afternoon. This is all tentative, but may be solidified by the time you read this column. The other Latin America activity is with El Hospital, a trade magazine with wide distribution in Latin America. They've approached ACCE proposing we provide monthly articles and a blog, for which they would pay us. Antonio Hernandez, Mario Castaneda and Tom Judd are leading this effort. For this to succeed, we will need volunteers to write articles.

Certification

Unfortunately, our current chair of the Body of Knowledge (BOK) Committee needed to step down. We NEED a new chair. The BOK needs to be updated every few years. This is essential to keep the CCE process relevant to the field and help define our profession. Colleen Ward, the previous iteration's chair, is willing to help and can explain what is needed. Please let me know if you're interested.

The HTCC has been working with AAMI to help define the new Certified Healthcare Technology Manager process. The CHTM is intended to complement the CCE, primarily serving technicians and others without an engineering degree who manage HTM departments. It is another method to increase the professionalism of the field. Please encourage your colleagues that the CHTM could be a benefit to look into it.

Interoperability

Interoperability is big news. Dave Harrington has been sharing various articles on this topic with me. One recent article, from Medical Device and Diagnostic Industry's Device Talk column asked "Is Lack

(Continued on page 2)

President's Message (Continued)

(Continued from page 1)

of Device Interoperability Killing Us?". The article highlighted the results of a West Health Institute nursing survey. Some of the main takeaways from the survey were that the lack of interoperability severely affects nurses' ability to care for the patient. According to the article, "Most (91%) of the nurses said that they could spend more one-on-one time with patients if they didn't spend so much time dealing with devices. And 60% said medical errors could be significantly reduced if devices all shared data automatically."

Another article from Clinical-Innovation discussed recent testimony on meaningful use to Congress. The article pointed out that one EHR vendor has accused another of not being interested in compatibility. Physicians also pointed out that implementing EHRs ended up costing them time, money, patient contact and patients. They spent so much time dealing with 'user-unfriendly' issues that they couldn't see as many patients. Robert Wergin, president of the American Academy of Family Physicians, said the adoption of an EHR system over four years was "not pretty." He said the transition was expensive, time-consuming and resulted in a decline of office productivity and loss of patient volume. After working hard to learn the system, he said productivity improved but patient volume never returned to pre-EHR levels.

Many comment on how the government/manufacturers/whoever should or should not be involved in this process. All have a role, including us. I'll admit the EHR doesn't trip my inner techie trigger. I've always been a hardware guy, but here I am as Technical Manager for the ACCE sponsored Integrating the Healthcare Enterprise-Patient Care Devices (IHE-PCD). We know this is what is coming, and that patient care will improve when patient and equipment information can be passed seamlessly and automatically to where it

can do the most good. This will ultimately free caregivers to focus on the patient; where their hearts lie and where they're the most effective.

One of the challenges with writing these articles is that they are due in to the editors about three weeks before publication. My last column was due just before I went to Cleveland for the IHE Connectathon. Hence, my article didn't reflect what happened there. It's a bit after the fact, but I will provide my impressions of this year's Connectathon.

First, the location. I'll confess, I wasn't thrilled about being in Cleveland during late January. It's as cold as Chicago and downtown shuts down pretty early, limiting post-workday activities. In every other respect, the Connectathon was a success, and I enjoyed the experience. I especially appreciated being in the new Convention Center. Our workspace's northern wall was solid glass, with lots of natural light and a view of Lake Erie and the Rock and Roll Hall of Fame. A big change from the hotel sub-basement we inhabited in Chicago.

As in the past, we had a great group of monitors (those who evaluate the test results). Ted Cohen cheerfully balanced his work as a monitor with standing in as the ACCE representative when Robyn Frick was snowed in back in Maine. Darcy del Dotto, a UCONN student, personally evaluated more than 100 tests. Overall they and the other monitors did a fantastic job, making my job as the PCD manager very easy. We actually finished all the tests on Thursday, which was a first.

Of course, none of it is possible without the manufacturers. I'm always pleased at how cooperative everyone is. It may be because the sales force isn't there. These are all design and testing folks. They just want it to work. It's very common to see staff from competing companies work together to solve problems and help a new test or participant succeed. After spending

decades of dealing with uncooperative service staff and sales tactics, it is a huge gift to see this side.

We had two vendors participating this year that focus on HTM department support; an RTLS vendor and a CEMS/CMMS vendor. Both successfully passed all tests. The CEMS vendor completed 40+ tests with 15 medical device manufacturers receiving and combining device status and location data into a single record. Ultimately, this can lead to devices reporting failures and locations in real time. The RTLS vendor successfully provided locations from different equipment vendors to the CEMS. Anyone who's needed to track a pump with a problem can appreciate how this can help. Another result: After a patient

(Continued on page 3)

ACCE News

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

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

To subscribe e-mail Secretariat@accenet.org
Copyright © 2014 by 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 Job Website Job Postings

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

View from the Penalty Box

This sure has been a winter to remember in most of the US. Here in the northeast we have had over 100 inches of snow. Some cars in Boston still have not been shoveled out, and it has been cold. This is very unusual to hear coming from an old hockey player as games were often played in temperatures way below freezing, and most of the games were outside. Now we complain about the cold inside many of the arenas around here. We have had some roof collapses at the arenas, but thankfully no one was hurt.

The oldest grandson had a good year, with 29 goals, only one fight and several slashing and tripping penalties. My numbers were quite different, much lower in one category and much higher in the others. The other grandson, that plays, is much more of a gentleman on the ice. It's just his way, and he enjoys playing so I have no problem with it.

Recently our local society had a meeting and the presentation was on alarm data and gathering that data. I kept thinking we gather all this data and what do we use it for? Have we improved patient outcome? Have we reduced costs? Have we devised better equipment and procedures? Or are we collecting data because it is easy and it may be worthwhile in the future? Looking at the people at this meeting it struck me that there were two very distinct groups of clinical engineers there. Group one included those with over 30 years in the business and members of group two had 10 or less years in clinical engineering. Where are the people with the 10 to 30 years in the business? This is the same demographic that shows up in our leadership at ACCE, we need the missing to join in and keep our profession vibrant. In the meantime the data is building up and no one seems to know what to do with it. Maybe one of the students or interns will come up with a program to get meaning from the data that will improve outcomes and reduce costs.

In reading the numerous newsletters I get every month, much of the new technology coming out will be software programs on a non-repairable platform, generally a very small platform that is inserted into the body. Here, again, there very rarely is a

cost/benefit ratio mentioned. Is it technology for the sake of technology or technology to improve outcomes? As one experienced CE said, "Some idiot agency will want us to track and test those devices". I am not sure what to do, but we need to look at the options so we have a good answer when the question comes up. Getting through an airport screening could be very interesting in the future.

There is something that we can do that will impact healthcare over the next decade which no other group can do. I'm talking about tracking costs of devices: the cost of having them, doing a test or procedure with all the associated items, many of which are thrown away after use, and the costs of repairs and upgrades. A cost per procedure can be established from this information.

Many years ago I did this on a simple chest x-ray and a CT. The standard x-ray came to \$78.43 including film, water, chemicals, sewer costs, storage space and electricity. The hospital was being paid \$39.08 for the x-ray by the insurance company. The CT cost came to \$77.59, most of that was for capital and electricity. The hospital was being paid \$457.00 for the scan. Nothing ever happened, officially, on my numbers, but for some reason the number of CT scans went up by over 15% a year and chest x-rays declined by about 30% per year.

Companies and the government who pay 95% of the healthcare charges are going to wise up, at some point, doubtful on the government, and demand better cost numbers for procedures. We, as a profession, can and should be the leaders on this. Remember "money talks and BS walks". It is our time to do the talking.

Have a great spring season. For those of us in the North it is also mud season. Think about the costs and what you can do to get them under control. Enjoy the Stanley Cup playoffs and March Madness. Do some thinking. We need your help to get control over healthcare costs.

Dave Harrington
Dave@sbtech.com



President's Message (Continued)

(Continued from page 2)

incident that MAY involve medical devices, you can identify and locate the devices involved to determine if they contributed to the incident.

One of my personal challenges in being ACCE president as well as the Technical Manager for Integrating the Healthcare Enterprise Patient Care Devices (IHE-PCD) is finding a balance between promoting interoperability and encouraging participation vs. advertising (since it affects my business success). Since my brain doesn't work in a 'selling' mode, I tend to limit my discussion of IHE PCD as ACCE president to general discussion of the benefits and the need for participating. I believe interoperability is a big 'elephant in the room' and we Clinical Engineers are uniquely poised (and maybe best able) to help ensure it does what it needs to.

Paul Sherman
president@accenet.org

Celebrating 25 years



1990-2015



25th Anniversary and Awards Reception You are Invited!

Where?

Hyatt Regency Denver – Convention Center
Capitol Ballroom #4

When?

Sunday, June 6, 2015
7:00 PM – 10:00PM

Click to
RSVP

ACCE wishes to thank our sponsors:



AAMI Update

Guide on Medical Equipment Maintenance Strategies Unveiled

A document intended to help healthcare technology management (HTM) professionals keep medical devices functioning efficiently and effectively has made its debut.

ANSI/AAMI EQ89:2015, Guidance for the use of medical equipment maintenance strategies and procedures, identifies commonly used practices. It is intended to help HTM departments standardize and document their maintenance procedures, as well as provide guidance to select the most appropriate maintenance strategy for a given type of device.

“It’s a good document,” said George Mills, director of engineering at The Joint Commission, the nation’s largest accrediting body for healthcare. Participating in an AAMI roundtable discussion on preventive maintenance (PM), Mills commented on the new standard. “We get a lot of blank stares” when we ask how facilities get their PM strategies and activities in place, Mills said. “The field should really benefit from the guidance that’s provided in this document.” More of Mills’ comments and a transcript of the entire roundtable discussion will appear in the March/April issue of BI&T (Biomedical Instrumentation & Technology).

The development of EQ89 started several years ago and picked up steam after the U.S. Centers for Medicare & Medicaid Services (CMS) announced in December 2011 that hospitals should adhere to the manufacturer’s recommendations on PM activities for medical equipment in almost all instances. That move ignited an uproar in the HTM community, with many professionals saying it would be impractical, expensive, and that it failed to recognize the value of some alternative strategies with a proven history of safety and success. Two years later, CMS adopted a more flexible posture, giving HTM departments some latitude in setting their maintenance activities.

As EQ89 notes, “A maintenance strategy is not a one-size-fits-all approach. HTM departments should develop a plan that will

keep the devices functioning and available without expending resources unnecessarily.” However, HTM professionals should be able to provide documentation on why they have chosen certain procedures, and ensure that procedures comply with any applicable authorities having jurisdiction.

The document also advises that before any changes are made, facilities should check the maintenance recommendations of original equipment manufacturer (OEM), if they are available. It also names several considerations HTM professionals should take into account when determining a maintenance strategy: the process used to determine the strategy for similar devices; fail safes; the availability of back-up critical devices; and the available evidence and rationale.

In addition, the document names factors to consider when there is a potential change to a maintenance strategy, including the consequences of a device failure, the clinical environment in which the device will operate, and the impact of the physical environment on the device (e.g., temperature and humidity and portable versus fixed location).

AAMI Draft White Paper on the Post-Market Risk Management of Medical Devices

AAMI is seeking comments on a just-released draft white paper that spells out six specific risk principles that the medical device industry and the U.S. Food and Drug Administration (FDA) ought to consider in post-market risk management.

The 15-page paper, developed by AAMI in coordination with a working group of industry representatives and federal regulators, is intended to articulate “a shared view of risk” with the ultimate goal of better coordination and understanding between manufacturers and regulators when it comes to post-market activities, such as medical device recalls.

“It is hoped that a shared view will minimize the differences in analyses of risk and resulting conclusions reached by industry and CDRH [Center for Devices and Radiological Health] related to appropriate reme-

dial actions,” reads the paper. “A common and consistent approach to risk will optimize and expedite patient care.”

The draft paper—titled “[Risk Principles and Medical Devices: A Post-Market Perspective](#)”—comes ahead of an anticipated spring public workshop on the subject of post-market risk management by the CDRH, the arm of the FDA responsible for oversight of the medical device industry.

The focus on risk principles stems from a belief shared by the working group members that there can be little, if any, progress in making headway on sometimes contentious post-market quality and safety issues until there is agreement on what industry and the agency should keep in mind in the first place.

“We hope this white paper enriches the vital conversation on risk management,” said AAMI President Mary Logan. “More collaboration and understanding on expectations between industry and regulators can only mean a smoother process with post-market compliance issues and will help to enhance patient safety.”

The six risk principles identified in the white paper are:

1. Evaluation and Judgment

The emphasis here is making an “informed” judgment by looking at an assortment of data, including (but not limited to) experience with the device, company standards, the history of similar devices, and potential planned mitigations.

2. Loss of Benefit Assessment

In short, “multiple benefit/risk scenarios” must be considered “in order to arrive at the optimal outcome.”

3. Populations

Are there subpopulations included in the “indication for use” at greater risk or benefit than the overall population?

4. Use Environment and Clinical Assessment

(Continued on page 6)

AAMI Update (Continued)

(Continued from page 5)

The context of the environment in which the device will be used must be part of the evaluation.

5. Communication

Risks and problems associated with any given device “should be communicated effectively to relevant stakeholders.”

6. Recovering Loss of Benefit and Mitigation

What can be done to “return the benefit of the device to acceptable levels”?

Logan emphasized the importance of collecting comments from all stakeholders on the ideas expressed in the paper. The deadline to submit comments, which may be emailed to Logan at mlogan@aami.org and Lauren Clauser at lclauser@aami.org, is **May 20, 2015**.

HTM Professionals Gain New Online Forum

AAMI members have an additional way to connect with their peers through a new forum. AAMI Connect—boasting topic-specific communities designed to enhance the user experience—has replaced the eForums. Conversations dating back to the inception of each eForum community are available in each AAMI Connect community. Each community also has a resource library that houses attachments and resources for easy accessibility.

“The community was designed to empower relationship building for AAMI members,” said Allison Rafti, director of membership marketing. “We believe these communities will enable members to tap into the collective knowledge of their fellow professionals and connect with others who are passionate about the same healthcare technology issues. AAMI Connect is easy to use and intu-

itive. These re-envisioned communities put information and resources at the fingertips of our members and makes networking easier than ever.”

Michelle Bush, AAMI’s product marketing manager, added that community will allow facilities to evaluate themselves against their peers. “The goal is to help facilities harness the knowledge of the entire healthcare technology community to advance the goal of patient safety,” she added.

Current eForum users have been automatically subscribed to community and may access AAMI Connect with their AAMI user names and passwords.

AAMI Staff

Welcome New Members

Join us in welcoming our newest members, approved by the Membership Committee and supported by the Board of Directors:

Shankar M. Krishnan—Department Chair & Professor, Wentworth Institute of Technology, Department of Biomedical Engineering, Boston, MA—Individual Member

Audrey Lee—Clinical Systems Specialist, Cedars-Sinai Medical Center/EIS, Los Angeles, CA—Institutional/Associate Member

Juvenal D. Orejas—Technical Sales and Service Engineer, Hospira Philippines Incorporated, Philippines—Associate Member

Monroe Pattillo—Managing Member, Practical Health Interoperability, Fort Lauderdale-FL—Individual Member

We would also like to congratulate the following three members who were inducted to ACCE Fellow Status:



Elliot Sloane, PhD CCE FHIMSS FACCE
President of Center for Healthcare Information Research and Policy



Izabella Gieras, MS MBA, CCE, FACCE
Director, Clinical Technology at Huntington Memorial Hospital



Alan Lipschultz, MS CCE PE CSP FACCE
President of HealthCare Technology Consulting LLC

ACCE Announces the 2015 Advocacy Award Recipients

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

ACCE 2015 Challenge Award



Marjorie Funk, PhD, RN, FAHA, FAAN
Professor of Nursing, Yale School of Medicine

ACCE/HTF 2015 Marv Shepherd Patient Safety Award



Dale Nordenberg, MD
Co-founder and Executive Director, Medical Device Innovation, Safety, and Security Consortium

ACCE 2015 Tom O'Dea Advocacy Award



Manny Furst, PhD, CCE
President, Improvement Technologies, LLC, Tucson, Arizona

ACCE 2015 Lifetime Achievement Award



Binseng Wang, ScD, CCE, FACCE, FAIMBE
VP of Quality and Regulatory Affairs at Sundance Enterprises and Adjunct Professor at the Milwaukee School of Engineering



Stephen Grimes, FACCE, FHIMSS, FAIMBE
Chief Technology Officer at ABM Healthcare Support Services

ACCE 2015 Professional Achievement in Technology Award/Professional Development Award



Jennifer Jackson, MBA, CCE
Director, Clinical Engineering (CE) and Device Integration, Cedars-Sinai Medical Center

2015 Advocacy Award Recipients (continued)

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

ACCE 2015 Professional Achievement in Management Award/Managerial Excellence Award



Carol Davis-Smith, MS, CCE
Vice President, Clinical Technology, Kaiser Permanente

ACCE 2015 Antonio Hernandez International Clinical Engineering Award



Caridad Borrás, DSc, FACR, FAAPM, FI-OMP
Consultant on Medical Physics, Radiation Safety and Health Services, and Adjunct Assistant Professor (Radiology), George Washington University, School of Medicine and Health Sciences

ACCE 2015 Student Paper Competition



Winner: Michele Manzoli, CE intern at Yale-New Haven Hospital, MS CE candidate, University of Connecticut

YNHH medical equipment database: Standardization of nomenclature and risk assessment procedure

ACCE/HTF 2015 International ACEW Award

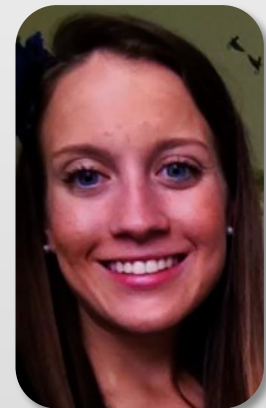


Universidad Simon Bolivar (USB) de Barranquilla, Colombia, led by **Vladimir Quintero, PhD**, Accreditation Coordinator of Systems Engineering

ACCE HTM Champion 2015 Award



Joel Nobel, MD
Founder of ECRI Institute. This is posthumously awarded to Dr. Nobel, who sadly passed away in 2014.



Runner-up: Darcy Del Dotto, CE intern at Lifespan, MS CE candidate, University of Connecticut

Integrating the Healthcare Enterprise (IHE): What it is, where we are, and why it is important

All papers are available for viewing from the [ACCE website](#).

Healthcare Technology Foundation News

HTF Partners with AAMI HTSI on Clinical Alarms Workshop

HTF and AAMI Foundation are partnering once again this year at the AAMI Annual Conference in Denver to present a 4 hour workshop on "Meeting the Joint Commission 2016 Patient Safety Goal...and Beyond!" on clinical alarms. The clinical alarms NPSG (National Patient Safety Goal) has been on everyone's minds for over a year now with the official goal being released in 2014. The Goal focuses on alarm fatigue, awareness, safety initiatives, policies, education and more. The workshop co-led by HTF board member Izabella Gieras, CCE will open with a session, focusing on a brief overview on the current work and initiatives by the AAMI National Coalition for Alarm Management Safety and the HTF. The workshop will then launch into five alarm management case studies from different healthcare facilities. The sessions will provide great perspectives and hopefully lessons learned on implemented processes and various approaches towards the 2014 and forthcoming 2016 NPSG deliverables.

Marjorie Funk, RN PhD, 2015 Winner of ACCE Challenge Award

HTF board member, Marge Funk, Professor of Nursing, Yale University, will receive the 2015 ACCE Challenge Award. The focus of Marge's research at Yale is on the wise use of technology in the care of critically ill patients with heart disease. Marge has been the coordinator of the AAMI HTSI webinar series on clinical alarms and is a member of the AAMI HTSI clinical alarms steering committee, national coalition on alarms management, and Best Practices workgroup. She has been the lead author on two peer reviewed papers in the Journal of Critical Care Nursing related to the HTF national alarms survey with HTF members as co-authors.

National Coalition on IV Infusion Therapy Safety Kicks off with Support from the HTF

On March 12 & 13, 2015 the AAMI Foundation launched a multiyear initiative to highlight a significant patient safety issue—the improvement of safety during intravenous (IV) infusion therapy, primarily focus-

ing on IV medication administration using infusion pumps. Intravenous infusion pumps are among the most common and frequently used technologies in healthcare. An estimated 90% of patients in US acute care hospitals receive IV medications via infusion pumps. Unfortunately, these devices are associated with significant safety issues. These safety concerns are well recognized and have become a top priority for the FDA, which received 56,000 reports of infusion pump incidents, including 710 deaths, and issued 87 infusion pump recalls between 2005 and 2009. The combination of the ubiquitous nature of IV infusion pumps along with a sense of urgency to address IV medication safety has garnered the attention of several organizations tied to patient safety, including ECRI Institute, AAMI and the Healthcare Technology Foundation.

The meeting was kicked-off by Nathaniel Sims, MD, a well-known expert in the area of IV infusion device safety and the inventor of the dose error reduction system (DERS) that is resident on all IV smart pumps. Invited participants included patient safety advocates, researchers, executives in the medical device industry, clinicians, hospital administrators, healthcare technology professionals, and representatives from stakeholder-professional societies. The agenda for the 2-day meeting included sessions from both clinical and industry leaders with expertise on the topic, with a particular emphasis on presenting data related to the use of IV smart pumps. Karen K. Giuliano, RN, PhD, FAAN attended on behalf of the HTF and presented pilot data on smart pump programming using different IV infusion devices. Karen is a HTF advisory board member and currently a postdoctoral fellow at Yale University studying IV Infusion Device Safety.

While there is a groundswell of effort being put forth to highlight this important issue, very few practical approaches have been studied. The goal of this multi-year initiative is to develop recommendations for how device manufacturers, clinical users and healthcare systems can work together to improve the safety profile of IV medication infusion. Once developed,



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

these recommendations will be disseminated through a series of webinars, publications, business case presentations, online resources, conference proceedings, and general outreach.

Jennifer Ott Recognized as ACCE Fellow

Jennifer Ott, MSBME, CCE, has achieved ACCE Fellow status. Jennifer was President of ACCE in 2000-2001 and has been the Secretary of HTF since its inception in 2002.

HTF Board Members on ACCE CCE Review Course Faculty

Board member Ted Cohen, CCE and President Tobey Clark, CCE are faculty for the review course. The course will be held June 4 and 5, 2015 in Denver prior to the AAMI annual meeting. Former ACCE Presidents and HTF board members Frank Painter and Matt Baretich are also part of the faculty team.

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!

*Tobey Clark, MSEE, CCE
President, HTF
president@thehtf.org*

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

The International Corner

After a long winter season, spring is back, bringing along with it an energy and enthusiasm to the members of the International Committee. The cold temperature has not stopped completion of the pending activities or the bringing of new proposals to strengthen and advance the Vision and Mission of ACCE.

During 2014, the IC has expanded the strategy of collaboration with other international organizations in the fields of health technology and the biomedical engineering. As a result of this strategy and the continuous communication with our international members, we have discussed, planned, and prepared the work program to better respond to the priorities and needs of our colleagues around the world. We do this by collaborating to improve the technical and managerial capacities for deployment, use, and decommissioning of healthcare technologies.

Three areas have been highlighted as priority: human resource development and training, convergence of clinical engineering and information technology, and donation of medical products. From our perspective, the three areas are interconnected and could be addressed simultaneously.

The “Advanced Clinical Engineering Workshop” (ACEW) training activity, with nearly twenty five years of continuous operation, continues being a core component of the IC work for 2015. We are involved in the following activities:

- A “Health Technology Management Seminar” for developing countries has been organized in partnership with WHO, PAHO, and IFMBE/CED. The seminar will be held in two phases during two major events on health technology: AAMI 2015 Conference and Expo in Denver, June 5-8, and the IUPESM 2015 World Congress in Toronto, June 8 – 12. Fifty attendees are expected from the following regions: Central America and the Caribbean (20), Eastern Europe (10), and the rest of the world (20). Detailed information on the seminar is presented in an additional article in the newsletter. You are invited to attend this event.
- ACCE is endorsing the “1st International Clinical Engineering Congress” to be held in Hangzhou, China at the end of October.
- ACCE is endorsing the “International Forum on Clinical Engineering” organized by SOMIB. This is to be held in Mazatlán, Mexico on October 29-31. The event is organized by SOMIB (Mexican Society of Biomedical Engineering). SOMIB is part of the Latin American Regional Council on Biomedical Engineering (CORAL) and ACCE has signed an “Agreement of Collaboration” with CORAL.

The “El Hospital” magazine, the largest Spanish specialized publication on healthcare facilities and technology, has requested ACCE contribution with regards



to technical articles on health technology and providing content for the blog. An agreement is expected to be signed soon between both organizations.

Donation of medical products and, in particular, medical devices continues to be a growing, unresolved issue in developing countries. Several organizations including WHO and ACCE have addressed this issue in the past, and now, the International Committee has organized a group to revisit this issue and propose a strategy to be discussed with the donor community.

Congratulations to the Simon Bolivar University from Barranquilla, Colombia, recipient of the 2015 ACCE/HTF International ACEW Award, and to Dr. Cari Borrás, recipient of the 2015 ACCE Antonio Hernandez International Clinical Engineering Award.

*Antonio Hernandez
International Committee Chair
internationalchair@accenet.org*

Journal of Clinical Engineering Subscriptions for ACCE Members

ACCE members receive a discounted subscription to the [Journal of Clinical Engineering](#) for only \$99! (Originally \$222). You must [login](#) to the ACCE website to view the code. Then visit LWW.com to enter code.

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

Perspectives from ECRI Institute:

Duodenoscopes and CRE Infections—Departments in the hospital working together to combat the threat

By Tom Toczylowski

Managing Editor, Healthcare Product Alerts

The risk of carbapenem-resistant Enterobacteriaceae (CRE) patient infections associated with the use of duodenoscopes has become a hot topic in the last few months, as large-scale outbreaks have dominated the headlines and caused a good amount of concern in the public. As with MRSA, CRE has forced healthcare facilities to confront the risk of infecting patients with a dangerous bacteria. Worse yet, CRE cross-contamination of patients is possible even when you closely adhere to manufacturer-recommended duodenoscope reprocessing procedures. In addressing the danger of CRE outbreaks, departments like Clinical Engineering, Infection Control, and the Clinical Laboratory are being asked to work together in ways that may not be common or comfortable.

The CRE risk presents a leadership opportunity for health technology managers. By opening a dialogue among colleagues in departments such as infection control and clinical laboratory, clinical engineers can help ensure their organizations are minimizing risk and are prepared to deal with outbreaks. By simply asking the right ques-

About the Author: Mr. Toczylowski is managing editor of ECRI Institute's Healthcare Product Alerts program, which utilizes the Health Devices Alerts website and the Alerts Tracker software as a service (SAS) alerts management system for healthcare provider organizations. He is a contributing editor to ECRI's Problem Reporting Network, which publishes original research on medical device hazards both on specific medical device models/systems and on generic classes of healthcare technology.

tions, clinical engineers can help ensure that the communication channels are open and that key roles have been assigned. The questions can include:

- How much does this relatively rare but seemingly increasing infection risk affect our facility?
- Do we have a plan in place in case of an outbreak?
- How confident are we in our reprocessing procedures?
- Are all key stakeholders aware of this issue, and working together to combat the threat? This includes clinicians using these important medical devices, those responsible for the purchasing of the devices, those responsible for the difficult task of reprocessing the devices, and those ultimately responsible for keeping patients safe from hospital-acquired infections.

Once the initial questions have been covered and all the risks and possible outcomes have been reviewed, additional questions may need to be addressed, such

as:

- Should duodenoscopes be cultured in an attempt to detect CRE and other bacteria?
- Is it feasible to culture all scopes on a regular basis? How will that affect the scheduling of patient procedures? How fast can the clinical laboratory obtain results from the surveillance culturing of scopes?
- Should we modify reprocessing procedures (such as using drying cabinets or even ethylene oxide sterilization)?

If you are unsure that your organization is taking the proper steps to maintain patient safety, ECRI Institute can help. For key information on technology management, patient safety, and risk management guidance articles and recommendations regarding the CRE infection risk, please visit ECRI Institute's new CRE and Duodenoscope Resource Center, which is publicly available at www.ecri.org/cre.

Update on ACEW Activities

Several members of the ACCE International Committee have been working with the World Health Organization (WHO) Medical Devices team and the International Federation of Medical and Biological Engineering, Clinical Engineering Division (IFMBE CED) to organize and raise funds for a special Health Technology Management Seminar for Developing countries. The seminar will be held in parallel with two major conferences on Health Technology management: The AAMI Annual Conference in Denver, USA (June 5 - 8) and the IUPESM 2015 World Congress in Toronto, Canada (June 8 - 12). Seminar participants will be attending relevant sessions at both conferences, as well as targeted education sessions tailored to their needs.

The ACEW targets WHO priority countries/regions that don't typically have well developed HTM programs at the national level, specifically Central American and the Caribbean (CAC) and Eastern Europe (EE). There will be 30 of 50 participants from CAC and EE, with the other 20 spots open to participants from any developing country. Funds have been raised to cover the costs of accommodation, registration at both conferences, food and other incidental expenses for the targeted sponsored participants. These funds are being provided from a variety of sponsors, including IFMBE, PAHO, the IUPESM World Congress, Canadian Medical and Biological Engineering Society (CMBES), the Clinical Engineering Society of Ontario (CESO), and AAMI. All

participants are expected to obtain funding from local sources to cover airfare.

The following is the program for this special seminar:

- Wednesday June 3: Travel to Denver, CO, USA – University of Colorado Housing
- Thursday-Friday June 4-5: attend ACCE 2-day CCE preparation course (US best practices); Friday evening AAMI networking reception
- Saturday June 6: ACCE Clinical Engineering Symposium (morning); Review Targeted Regional best practices (afternoon)

(Continued on page 13)



[Click here to download the registration form!](#)

JUNE 4-5, 2015

CCE CERTIFICATION

PREP @ AAMI 2015

Clinical Engineering & CCE Review Course

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



Going to AAMI?

Thinking about getting your CCE but need a refresher?

Need some help getting ready for the Oral exam?

Sign Up Today for our CCE Prep Course to learn from the experts!

**Thursday and Friday –
June 4 and 5, 2015
Time: 8:30AM – 4:30PM
Colorado Convention
Center, Denver, CO**

Update on ACEW Activities (Continued)

(Continued from page 11)

- Sunday, June 7: Review Regional best practices & attend AAMI Expo (all day); attend ACCE 25th year celebration Reception (evening)
- Monday, June 8: travel day to Toronto, Canada – University of Toronto housing
- Tuesday-Thursday, June 9-11: attend Global Best Practice session (8:00-16:00); Clinical Engineering, medical devices, radiation safety & other appropriate tracks of IUPESM World Congress ; followed by 1-hour daily ACEW debriefing seminar
- Friday, June 12: complete best practice training and conclude Seminar

- Saturday, June 13: return travel home

Participant Selection Process

Sponsored participants will be endorsed by their countries' Ministries of Health (MoH) and approved by ACCE based on the following criteria: (1) a leader of the Health Technology Unit at the MoH level; or (2) a regional Health Technology leader, e.g. a Clinical Engineering director/manager at Regional Hospital level ([see the definition of a Clinical Engineer on the ACCE website](#)). Interested candidates are encouraged to apply simultaneously to their MOH and ACCE because of the short timeline.

Seminar Leaders

Seminar leaders include recognized experts in HTM for developing countries. They will

be providing their time and expertise on a voluntary basis. They include: William Gentles, PhD, P.Eng., for Toronto; Antonio Hernandez, EE, PE, for CAC; Thomas Judd, MS, CCE, for EE and Denver; Saide Calil, PhD, from IFBME CED; Adriana Velazquez from WHO; and Alexandre Lemgruber, Regional Advisor in Health Technologies, PAHO.

Antonio Hernandez
International Committee Chair
internationalchair@accenet.org

ACCE Calendar

May 13, 2015

ACCE Oral Exam Review Webinar

May 14, 2015

ACCE Webinar: [Implementing a new CMMS](#)

June 4, 2015

Clinical Engineering & CCE Review Course, Denver, CO (Before AAMI)

June 4 - 12, 2015

[ACEW Denver-Toronto](#)

June 5-8, 2015

[AAMI 2015 Conference & Exhibition](#), Denver, CO

June 7, 2015

ACCE's 25th Anniversary Meeting and Awards Reception, Hyatt Regency, Denver, CO

June 11, 2015

ACCE Webinar: [mHealth](#)

July 11, 2015

Deadline for 2015 CCE Exam application (applicants outside the US & Canada)

August 8, 2015

Deadline for 2015 CCE exam application (US & Canada)

November 7-21, 2015

2015 CCE written exam

ACCE

AMERICAN COLLEGE OF CLINICAL ENGINEERING

The ACCE Board and Committee Chairs

President.....	Paul Sherman
President Elect	Ismael Cordero
Vice President	Arif Subhan
Secretary.....	Mariana Hu
Treasurer	James Panella
Member-at-Large	Shelly Crisler
Member-at-Large	Joan Brown
Member-at-Large	Iilir Kullolli
Member-at-Large	Alan Lipschultz
Immediate Past President	Jim Keller
Education Committee Chair	Jacob Johnson
Membership Committee Chair.....	James Wear
Advocacy Committee Chair	Tom Judd
Revenue Planning Committee	Mario Castaneda
International Committee Chair.....	Antonio Hernandez
Nominations Committee Chair	Jim Keller
Secretariat	Suly Chi