



ACCE News

Newsletter of the American College of Clinical Engineering

September — October 2019

Volume 29 Issue 5

In Memoriam, William Hyman

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President's Message



First of all I would like to thank all of you for the confidence in electing me to be the President of the ACCE Board. I am honored and humbled to be able to serve ACCE and the Clinical Engineering profession in this capacity. I also want to thank Arif and Petr for their leadership and for mentoring me over the last few years to prepare me for this position.

I also want to thank the members of the new ACCE Board for volunteering their time and offering their expertise in helping ACCE and helping our profession grow. I want to welcome some new members to the Executive Board; Kamecia Bruce will be the new ACCE Secretary (replacing Priyanka Upendra,) and Samantha Herold will be the new ACCE Treasurer (replacing Jim Panella). Priyanka is moving from her Secretary post to be the new President-Elect, and Arif Subhan moves to the post of Immediate Past President. With the Board in place, we are working to finalize the committee chairs in September.

I am very excited about the future of ACCE and the Clinical Engineering profession as a whole. The role of clinical engineers has become not only essential to the organizations around the world, but it has also started to be recognized by leadership as being a crucial role to these organizations' continued success. As such, it is our responsibility to continue advancing the profession, helping clinical engineers throughout the world, and continue challenging ourselves by pushing the limits of what ACCE can accomplish for each one of our members.

With these responsibilities in mind, the Board is working to finalize the goals for this year. We will be focusing on increasing membership engagement, becoming more visible to the clinical engineering community, increasing membership numbers, and promoting the profession in different academic settings.

I also want to remind all members to renew their membership and sign up for the Educational Webinars which started in September. As usual, we have distinguished members of the profession in the lineup, who will be providing a great opportunity to learn for everyone who attends.

Again, thank you for supporting ACCE and I look forward to a successful year.

Ilir Kullolli
ACCE President
president@accenet.org

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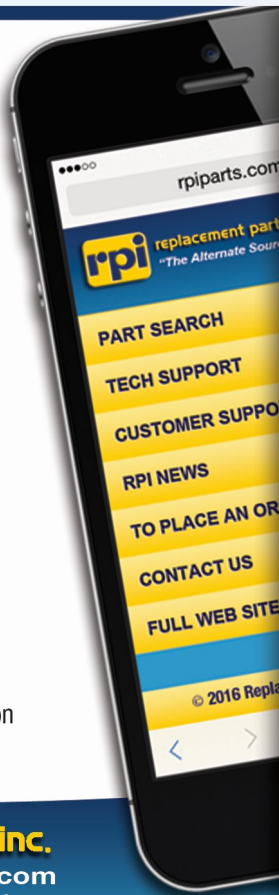
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Volunteers wanted!

If you would you like to volunteer for ACCE, please complete this volunteer [survey](#).

Volunteers are needed to write ACCE News articles, participate on a variety of important committees and assist in various other roles.

ACCE News

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

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Complete the IHE PCD MEM survey: Let's connect networked medical devices to our CMMS!

The Integrating the Healthcare Enterprise, Patient Care Devices (PCD) group has an initiative in its Medical Equipment Management (MEM) profile to send standardized messages from networked medical devices to your Computerized Maintenance Management System (CMMS). This feature can potentially free technician time, reduce downtime, provide device utilization data and therefore, improve patient care. In order to assist in this effort, the PCD team is requesting that Clinical Engineering/HTM departments complete a short survey to provide manufacturers with some information about the importance of this effort and how this data might be used.

The aggregated (anonymous) data is expected to document that operation and condition messages and alerts sent from devices to the CMMS will reduce unnecessary effort and improve clinical performance. In addition, it is clear that recruiting biomedical equipment technicians is a significant problem and the prediction is that it will get worse. PCD MEM messages can help address this by freeing technician time - by reducing unnecessary scheduled maintenance. And therefore addressing other more important technology management issues (e.g. interoperability, cybersecurity, clinician in-services). Additional benefits come from addressing device-generated malfunction alerts when a real issue arises as well as obtaining utilization data.

The survey covers infusion pumps and physiologic monitors and asks how much time departments spend on their scheduled maintenance and a small number of other related questions. Additional device types may be surveyed at a later date. Your participation is very important in motivating device manufacturers to provide all of us with the information to manage equipment, and in motivating the CMMS companies to accept and process these messages. The CMMS can then alert you to problems as they arise or just record when the unit is performing well.

Members of the Patient Care Device Do-

main (PCD) developed standards-based messages to communicate device operation and condition messages to the CMMS. Because these are standards-based, the CMMS has only one significant programming requirement with only minor differences for different models. The cost of implementation is minimal because the devices are already networked and these new messages are already defined.

Messages have been defined that can alert you to device detected malfunctions, record without intervention that a self-test passed, tell you if a device is in use/paused/standby/off, notify you of battery charge level and condition, and more.

In a survey I am conducting with infusion pump companies, I've learned that all responding companies already have several of these types of messages available in proprietary form and some companies have several in PCD format. Examples of these types of messages include::

- Self-test pass on startup (potentially substituting for a lot of scheduled maintenance testing)
- Malfunction detected while powered on (provide timely response to a malfunction)
- Power is on or power is off (a clue to availability for clinical use and maintenance)
- Unit is on line or unit is on battery power
- In use/paused/standby (along with power off this provides utilization data and potential availability)
- Battery charge is low (e.g., this would be important for a defibrillator or a transport device)
- Battery condition (maintenance issue)

- Battery is charging/discharging

We believe data from this survey will motivate companies and provide you, the customer, with improved productivity and provide clinicians and patients with improved device performance.



Please complete the survey at <https://www.surveymonkey.com/r/CXDWPNJ>

Your responses will NOT be identified – only summary data will be used. Estimate your answers if complete data is not available.

If you are a site/regional manager (including ISOs) please respond for your site/region. If you are in a corporate ISO position please respond for the company.

In summary, messages in the MEM “profile” are analogous to the messages sent from devices to EHRs. Potentially, when your CMMS receives this data you may be able to replace all or portions of “scheduled maintenance” on many devices with automated reports from each device.

CMMS vendors say “we’ll provide the ability to receive PCD MEM messages if our customers want it”. A number of manufacturers provide some or all of the listed parameters. We can tell the others what we need and that we want the messages to be standards-based. In the interim we’ll find ways to use those that are in proprietary format.

I hope you can find the time to provide the information requested – estimates will do if hard data is not available, just indicate the data that is estimated.

Thank you!

Manny Furst FACCE
efurst@imp-tech.com

ACCE News Reader Survey

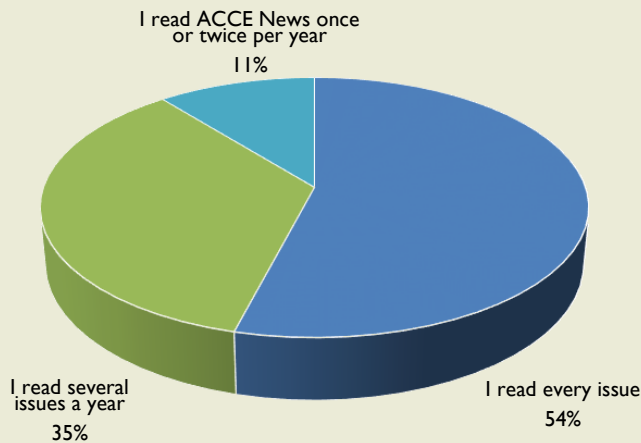
Over the summer ACCE News solicited input from its readers on ways to improve the newsletter. 41 readers responded to the survey and here are the results.

For upcoming issues we will be looking at this feedback and will be developing ideas to implement as many of your valuable suggestions as feasible.

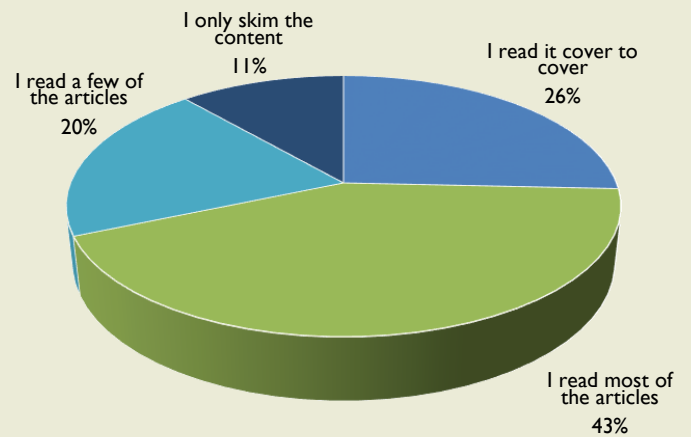
If you have further suggestions for improvement or if you want to contribute to the newsletter please contact editor@accenet.org



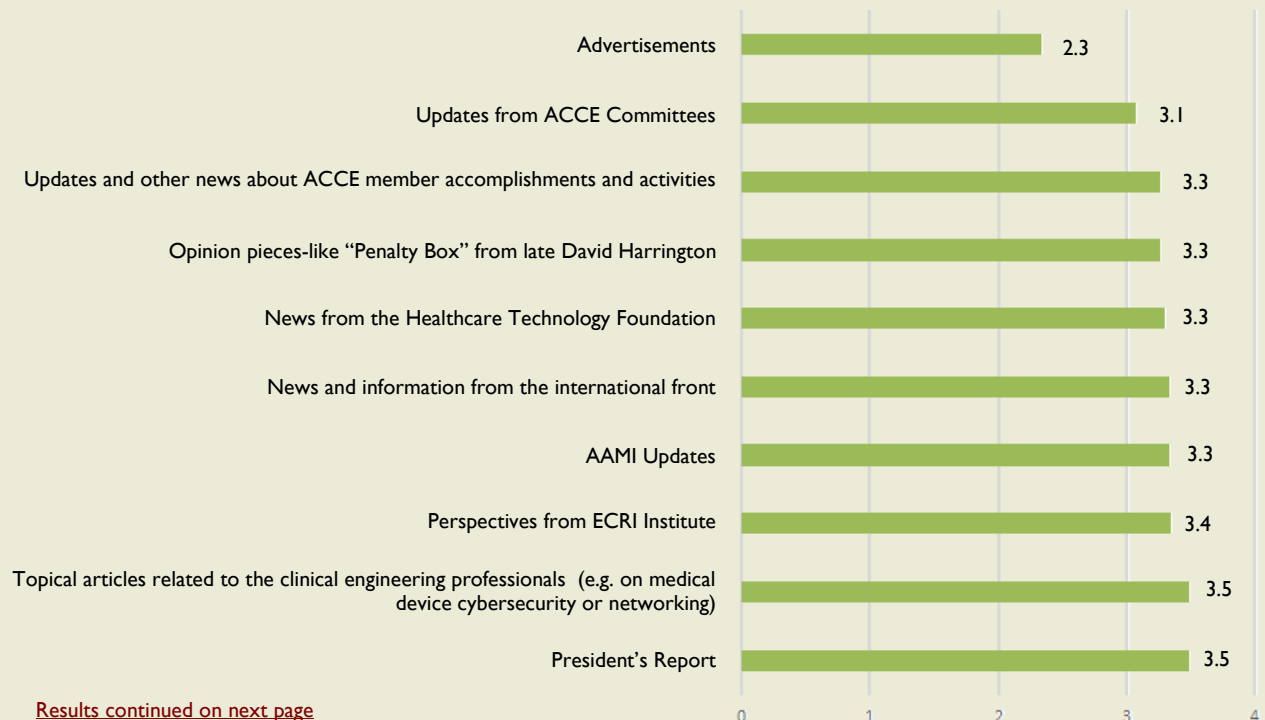
How often do you read ACCE News?



When you read ACCE News, how much of the issue do you typically read?



What content in ACCE News do you find to be the most valuable? Please rate from 1-5 with 5 being most valuable. (Averages)

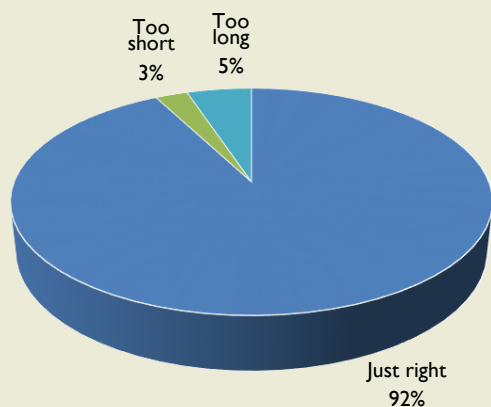


[Results continued on next page](#)

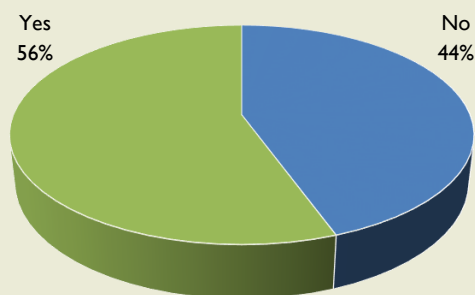
ACCE News Reader Survey (continued)



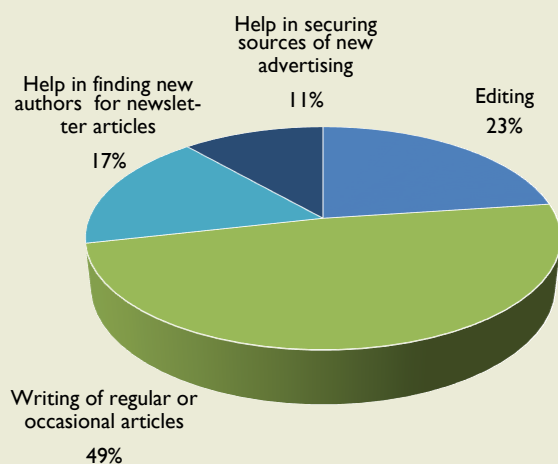
What is your opinion about the length of ACCE News and its articles?



Are you interested in contributing to the newsletter?



If yes, in which capacity?



Do you have any suggestions for how we can improve ACCE News?

- “Include a small quiz for CCE preparation.”
- “The less space in the announcement email the better. Avoid extra flair and show a clear description of all content.”
- “Reach out to non-members to foster a renewed interest, and to help people in our career field stay intellectually engaged.”
- “Include more technical resources to improve the HTM community knowledge.”
- “Make it accessible to everyone and distribute a print copy.”
- “Have strategic and operational content that saves me from perusing other professional newsletters.”
- “Sometimes it feels that the news published is like a duplicate if I read the AAMI newsletter.”
- “It is a good blend of information.”
- “Have opinion pieces shorter and let members, both local and international, contribute with articles about what they’re doing.”
- “Deep dive into the story of a member’s organization in each issue.”

Ismael Cordero, ACCE News Co-Editor

ismaelcordero@me.com

In Memoriam: William Hyman, Sc.D.

The ACCE family and greater clinical engineering community were shocked and saddened to note the passing of William A. “Bill” Hyman this summer. Bill was a dedicated professional - always generous and willing to share his extensive knowledge. During long sessions of CCE examinations, Bill was a font of knowledge and humor and always a pleasure to work with.

A native New Yorker, Bill Hyman was educated at The Cooper Union (BSME) and Columbia University (MS – Mechanical Engineering, ScD – Engineering Mechanics). He devoted his entire career to passing on the torch of knowledge to others, most notably at Texas A&M University. He led the development of the fledgling Bioengineering program into a full Department of Biomedical Engineering, while bringing applied sciences into the research program. In 2011, now Professor Emeritus Hyman, he returned to his Cooper Union roots as Adjunct Professor of Biomedical Engineering.

Bill’s primary professional interests were in the areas of system safety of medical device design, clinical engineering, and biomechanics, but he was a thought leader in many other areas. A prolific writer, Bill authored 13 books and well over 100 publications. He taught a number of ACCE Clinical Engineering Workshops, including in China and Dominica, and was equally at home in regional conferences.

Bill Hyman was not one to seek the spotlight, but he believed in giving back to the profession and the community, serving on the U.S. Board of Examiners for Clinical Engineering Certification, president of the (ACCE) Healthcare Technology Foundation and as longtime editor of the Journal of Clinical Engineering. He also volunteered with the FDA, NASA, ASTM, and AAMI. His numerous honors included the ACCE Lifetime Achievement Award, ASTM Meritorious Service Award, and “Wall of Fame” recognition by United Cerebral Palsy of Houston.

Bill was a keen observer of the profession, seeing practice gaps in need of attention that others missed. He could play the maverick but was always the professional. He excelled

internationally helping to teach and to examine young clinical engineers in China and elsewhere. He was a quiet leader in so many areas including FDA workshops, regional conferences, and Healthcare Technology Management. Always a thoughtful straight-shooter, Bill has been likened to “the spine that kept us straight.” He was a giant among us and will be missed.

Dr. Hyman is survived by his wife, Dr. Marian Hyman; his daughter, Leslie Hyman (Phil Lynch); his sons, Jonathan Hyman (Susie Hyman), Jeremy Hyman



William A. Hyman, Sc.D.,
December 13, 1945 — July 31, 2019

(Continued on page 8)



Left to right: Izabella Gieras, Paul Sherman, Bill Hyman and Ilir Kullolli at the 2009 HIMMS award gala banquet dinner.



Left to right: Yadin David, Marian and Bill Hyman, and Becky David, October 2009, at Bill’s retirement party, Texas A&M campus

Perspectives from ECRI Institute: Global Device Testing

More than fifty five percent of the world's medical devices are manufactured and sold outside the United States. To address this reality we have expanded our medical product evaluations to also include products marketed and used solely outside of the United States.

Much of the testing of these products is being carried out at our new ECRI International Research Centre, which opened this past April in Selangor, Malaysia, as well as in various other locations across Europe and Asia.

Our international evaluations provide crucial support not only for foreign hospitals and ministries of health, but also for American health systems who are opening facilities outside of the United States.

The first international product evaluations have been completed a short five months after our ECRI International Research Centre opened. Since this past spring, our Asia-Pacific engineers have been working close-

ly with our U.S. engineers in setting up the testing processes and compiling results. For the first evaluations, our Asia-Pacific colleagues looked at surgical lights made in Germany and Italy, and an infusion pump made in China.

Although we were hoping to learn a lot about how medical devices are regulated, manufactured, and used outside the U.S., we didn't expect to uncover a major patient safety concern right way. But, that's exactly what happened. Our engineers observed that the infusion pump mechanism could be loaded backwards, causing it to extract blood from the patient instead of delivering the infusion solution.

Covering products sold in more countries means that we're also addressing the needs of facilities in a wider range of healthcare environments. Facilities in different environments may require very different capabilities and tolerances from the products they buy: What a

well-funded metropolitan research hospital needs, for example, can differ drastically from the needs of a small rural hospital with limited resources. Regulatory constraints, physical conditions, and the availability of replacement parts are among the many factors that can vary widely throughout the world.

Our product evaluations now include consideration of the challenges each product could face in the environments in which it will be used, and how well it's likely to meet those challenges. The main conduit

for this information is a table that now appears in all of our evaluations, laying out our Considerations for Challenging Environments.

Some considerations may make the product more suitable for challenging environments; others, less suitable. For the latter, any concerns we have about the product will be designated at one of three levels:

- Significant concern—may require substantial effort to overcome; may be a reason to consider not acquiring the product;
- Moderate concern—facility should be aware of the issue(s), but will likely be able to accommodate them;
- No significant challenges or concerns.

A facility can review these concerns and determine how much they pertain to the facility's own circumstances. This will help the facility make the best possible purchasing decisions.

We have also made other useful changes to our Evaluations:

- Each Evaluation now includes "where marketed" information in the ratings table and elsewhere.
- Regulatory approvals and clearances, as of the date of publication, are listed—at minimum, CE and FDA, but possibly others where relevant.
- For the Total Cost of Ownership information, if the product is not sold in the United States, cost is given for one of the product's major markets, converted to U.S. currency, with exchange rate provided where appropriate.
- Recalls and Hazards listings now include the geographic regions affected.



Left to right: Juuso Leinonen, Shobana Nair, and Chee Shing Siah evaluate an infusion pump in ECRI Institute's International Research Centre

(Continued on page 8)

William Hyman memorial continued

(Continued from page 6)

(Barbara Ballentine); and his four grandchildren, Rachel Lynch, Gabriel Lynch, Jacob Hyman, and Abigail Hyman.

Donations in Dr. Hyman's memory may be made to Congregation Or Zarua in New York, the National Resources Defense Council, or to the Dr. William Hyman Endowed Scholarship at Texas A&M University.

*Raymond Peter Zambuto
Former President, ACCE*

Suly Chi and Yadin David also contributed to this article.

Remembrances from a few of Bill's many colleagues

Even if you were fortunate enough to have met Professor Hyman, one cannot read his farewell without realizing what an intelligent and caring scientist he was and thus joining the larger community who was blessed to have met and worked with him. His legacy will continue to influence our profession and to shine the light for generations to follow.

Our deepest condolences to the family.

I am already missing you Bill,

Yadin David

Bill was not just a tremendous educator to his students. He was a wonderful mentor to the professionals they became. He questioned the regulators about their purpose and process causing critical thinking towards continu-

ous improvement. Bill brought balance to our developing clinical engineering industry. A guiding light with a glow of warm friendship. Peace my friend.

Steve Juett

I have had the pleasure of exchanging a couple of notes with Bill and enjoyed his sense of humor. Huge loss for the HTM field.

Ananth Veeriah

So sad! I ran into Bill a few months ago at a meeting of the Directors of NYC Hospitals (I give a talk there from time to time). He was enjoying his retirement and being back in New York City. Life is a gift!

Jonathan Gaev

ECRI Institute Perspectives continued

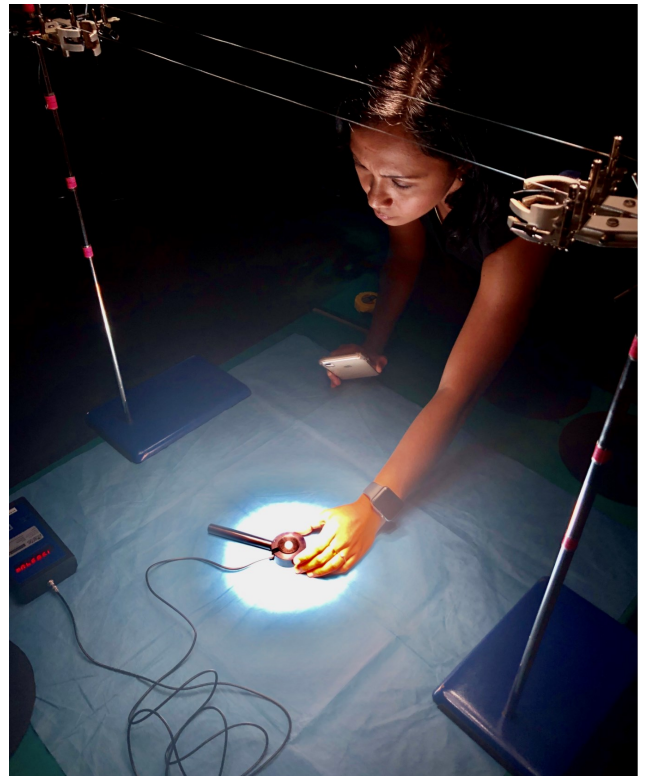
(Continued from page 7)

- For our Service and Maintenance descriptions, if the product is not sold in the United States, policies are given for one of the product's major markets (designated by the manufacturer).

Adding these features to all our Evaluations makes our studies more relevant to a wider array of healthcare facilities, both within the United States and outside it.

Upcoming international evaluations include point-of-care blood gas analyzers, portable ultrasound machines, continuous positive airway pressure (CPAP) units, and digital radiography systems.

*Ismael Cordero
Senior Project Engineer, ECRI
Institute;
ACCE News Co-Editor
icordero@ecri.org*



Shobana Nair tests a surgical lamp at a factory in Italy.

International Committee Report: ACCE signs Collaboration Agreements with 8 Countries



Joint session of ACCE and ABEClin in Sao Paulo, Brazil.

After signing the first mutual collaboration and assistance agreement with the Chinese Society of Clinical Engineering (CSCE), ACCE has signed similar agreements with seven other countries: Argentina (Sociedad Argentina de Bioingeniería - SABI), Brazil (Associação Brasileira de Engenharia Clínica - ABEClin), Japan (Japan Association for Clinical Engineers - JACE), Lebanon (The Healthcare Technology Management and Advancement of the Lebanese Healthcare Management Association - LHMA-HTMA), Nigeria (College of Biomedical Engineering and Technology - CBET), Peru (Asociación Peruana de Ingenieros Clínicos - ASPIC), and Taiwan (Taiwanese Society of Biomedical Engineering- TSMBE). Three of these were

signed during the recent 2019 AAMI Exchange in Cleveland OH.

As the result of signing such agreements, ACCE has conducted some joint activities with foreign associations. The first was a webinar in conjunction with SABI of Argentina on June 28, 2019. In this webinar Julio Huerta and Binseng Wang presented the history of international activities conducted by ACCE since its inception, and answered numerous questions from the Argentinian colleagues regarding the practice of CE in the United States. Over 50 Argentinians attended this webinar.

On September 6, 2019, Binseng Wang

delivered a presentation to a joint session between ACCE and ABEClin in Sao Paulo, Brazil, organized by Bruno Roma, ABEClin's VP of Finance. The presentation covered American CE Myths and Legends, as well as CE Benchmarking. This presentation was attended by over 60 CE professionals, including several who traveled from other states. Prior to this presentation, Binseng also provided lectures for the CE graduate program of Albert Einstein Hospital and the Biomedical Institute of the Federal University of Santa Catarina.

*Binseng Wang
IC Chair*

international.chair@accenet.org

Editorial: Are you a technician or an engineer?

I was recently listening to a webinar when the HTM director was referring to his staff as 'engineers.' This drives me "up-the-wall". I would think that anyone who is a degreed engineer would also be bothered by this. A true engineer has a four-year (or more) degree in engineering and doesn't use the title otherwise. There are many hospitals and companies that call their technicians Field Service Engineers or Clinical Engineers when in reality they have a two year technician degree, or similar, and not an engineering degree.

Of course, your first thought might be

that this is just another engineer whining about titles. But I am not an engineer and have never called myself an engineer. I was trained as a tech in the U.S. Army. After leaving the Army I did enroll in college to get an electrical engineering degree. I went for a couple of years and gave it up for full time work as a BMET. When I did decide to go back to school I no longer wanted to be an engineer so I pursued management instead.

I have a lot of respect for those that obtained their engineering degree. My

first three bosses at Baylor all had engineering degrees and were all Professional Engineers. Knowing how difficult it is to complete an engineering program is probably one of the reasons I do not like people using the title if it was not earned.

I understand that titles, initials after the name and the number of ribbons at a conference may make one feel more important. But they should be

(Continued on page 10)

IFMBE CED Update: On the road to Rome

The International Federation of Medical and Biological Engineering, Clinical Engineering Division, (IFMBE/CED), your global CE federation, is ready for Rome October 20-23! See below for more information. There is still time to join us in Rome.

IFMBE/CED participated in the Clinical Engineering meeting at CONIIC, September 11-13, in Medellín, Colombia, with faculty from Colombia, the USA, Mexico, Peru, and Brazil. CED leaders participating included Mario Castañeda, Antonio Hernández, Beatriz Galeano, Javier Camacho, Javier Garcia, Paula Berrio, Tom Judd, Roberto Ayala, Rossana Rivas, and Murilo Contó. Over 100 other participants from Colombia and Peru included those in government, industry, academia (both professors and graduate students), and hospital CE roles. Highlights included health technology (HT) presentations: Innovation and Entrepreneurial initiatives; National and Global health priorities; Regulation; HT Assessment; and emerging trends. Particular crowd pleasers were informal, spirited end-of-day Q&A sessions with faculty and attendees, as well as singing Happy Birthday to Antonio Hernández on September 15 as he joined remotely!

Murilo and Mario will co-chair the 2nd Latin America and Caribbean (LA&C) Summit, to be held in Rome as part of pre-IFMBE Congress activities. In Medellín, CED leaders and CONIIC faculty reviewed results of the 2017 1st LA&C Summit in São Paulo, began to identify priority initiatives, and brainstormed best approaches for the October summit to drive regional CE-HTM efforts going forward. There will also be pre-Congress summits for four other WHO Regions, as well as a 2-day European region summit. In addition, CED will hold its 3rd Global CE Summit on Sunday evening October 20, where 100 delegates from 65 countries are expected to join. Earlier summit priorities included enhancing Global CE-HTM Recognition, Credentialing, Education & Training, and Ethics. CED has worked hard on these issues since 2015. Current projects and updates are avail-

able at <https://ced.ifmbe.org/projects.html>.

On the road to Rome, close to 1,000 CEs and other Health Technology leaders are expected to join CED's III ICEHTMC (3rd International CE and HTM Congress) October 20-23, see program at <http://www.icehtmc2019.com/program.html>.

The Congress, co-sponsored by AIIC, the Italian CE Society - <http://www.aiic.it/>, has received unprecedented support from health leaders and industry. ACCE members involved includes: Binseng Wang, Steve Grimes, Elliot

Sloane, Ricardo Silva, Mery Vidal Vidal, Tobey Clark, Yadin David, Bill Gentles, Antonio Hernández, Mario Castañeda, Jennifer DeFrancesco, Saide Calil, Jim Wear, Renato Garcia, and Tom Judd to name a few. It's not too late to join us; registration available at <http://www.icehtmc2019.com/registrationandfees.html>.

Tom Judd
judd.tom@gmail.com
Chair, IFMBE CED Board



CONIIC: Colombia organizers and international faculty

Engineer or Tech? continued

(Continued from page 9)

earned. Of course, I say this and I have wanted the title of Esquire (Esq) after my name for some time. It just sounds important. In the United States it is common for an attorney to put Esq after their name whereas in the United Kingdom it is used to signify dignity – just above a gentleman and below a knight. I think this would be perfect for me! I wonder how I can get it without going back to school or moving to

England?

David Braeutigam, Esq.
ACCE Board Member at Large
dwbraeutigam@tx.rr.com

Editor's note: ACCE welcomes membership from all members of the broad clinical engineering/healthcare technology management community (e.g. technicians, engineers, managers etc). For more information about clinical engineering see <https://accenet.org/about/Pages/ClinicalEngineer.aspx>

ACCE at CE Association of Illinois Conference

The 2019 Conference of the Clinical Engineering Association of Illinois (CEAI) was held on August 13-14, 2019 at the Drury Lane Conference Center in Oakbrook Terrace, IL. This is the 10th annual conference, and this year the theme was “HTM around the globe and through the decades”. The symposium had 18 parallel sessions. Among the clinical engineering /health technology management topics covered were “Joint Commission Update” by Herman McKenzie of TJC, “The Integration and Application of ISO 9001 and the NIAHO requirements “by Brennon Scott/DNV GL

Numerous ACCE members presented “hot” topics including: “The Reality and Irrelevance of Medical Device Leakage Currents”, by Larry Fennigkoh ; “How the Lack of Medical Device Security Could Harm Patients, What Steps Need to be Taken.”, by Steve Grimes; “Understanding Today’s Cyber Threat and Resulting Risks to Healthcare and Our Medical Device Ecosystem”, by Axel Wirth; and “Fake News, Alternate Facts and Legends in CE/HTM”, by Binseng Wang.

ACCE had a booth in the Exhibit Hall and was well sought out by the conference attendees. The booth was staffed by Suly Chi, ACCE Secretariat, Jim Panella, ACCE Treasurer/Director CE at University of Illinois, and Binseng Wang, ACCE International Committee chairman. Several attendees and institutions inquired about ACCE membership. Several exhibitors also expressed interest in supporting future ACCE events,

The continuous success of this conference is a proof of the dedication of the CEAI leadership team composed of: Gary Barkov – President, Lijo George – Vice President, Nikki Malloe – Secretary, Jose Nunez – Treasurer, Steve Vanderzee – Former President, Alan

Moretti – Scholarship chair, Chris Bryan – Education Committee member, Rachel Homier – Public Relations & Marketing. ACCE congratulates this team for its leadership in the region, We look forward to continuing our collaboration to advance and promote excellence in clinical engineering practice.

Suly Chi
ACCE Secretariat
secretariat@accenet.org



L-R: CEAI speakers: Herman McKenzie, TJC Director; Larry Fennigkoh; Binseng Wang; Gary Barkov, CEAI President



2019-2020 ACCE Educational Webinar Series

Cybersecurity Guideline: HICP and JSP

November 14, 2019, 12:00pm-1:00pm (ET)

[Register here](#)



Erik Decker
Chief Security and Privacy Officer
University of Chicago Medicine



Rob Suárez, HCISPP
VP, Chief Information Security Officer
Becton, Dickinson & Company

Clinical Engineering Certification Program

Purpose: 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 certification process includes the establishing and measuring:

- a) the level of knowledge
- b) the ability to communicate that knowledge
- c) the ability to use that knowledge to solve problems in healthcare technology

that are required for certification as a clinical engineer and requiring continued personal and professional growth in the practice of clinical engineering to maintain certification.



2019-2020 ACCE Educational Webinar Series

Acquiring Medical Devices- The Process & Leading Practices

October 10, 2019, 12:00pm-1:00pm (ET)



Carol Davis-Smith, MS, CCE, FACCE, AAMIF
President
Carol Davis-Smith & Associates, LLC

RTLS Needs A New Approach.

We Found It!

Enlighted's IoT Platform takes Real-Time Location Services (RTLS) to the next level with a room-level accurate and reliable system that simplifies equipment location. Beyond RTLS, the platform enables workflow analysis, space planning, wayfinding and more.

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AAMI Update

AAMI to Offer CBET Study Course

For the first time, AAMI will offer an online review course to help biomedical equipment technicians (BMETs) prepare for the exam to become certified biomedical equipment technicians (CBETs). The four-week online CBET Study Course covers all six areas of the CBET exam, providing participants with a highly respected instructor and the tools to help them succeed.

“The feedback we’ve received is that a common obstacle for those considering certification has been a lack of preparation materials for the certification exam,” said MJ McLaughlin, program manager for certification at AAMI. “We heard you. With this course, AAMI intends to offer the best resources in the country to help prepare eligible candidates for the CBET exam.”

The CBET Study Course consists of eight two-hour interactive online sessions, held in the evening twice each week. Each module concludes with a practice exam to help familiarize participants with the exam format.

The curriculum is taught by experienced instructor Dave Scott, CBET, who led a renowned study group at the Colorado Association of Biomedical Equipment Technicians (CABMET). AAMI recently purchased the study course from CABMET.

To register, visit the AAMI Store.

Resource Promotes HTM Careers with ‘HTM in a Box’

AAMI is developing a portable and standardized presentation kit called “HTM in a Box” to promote the healthcare technology management field and encourage students and adults to pursue careers in HTM.

The “HTM in a Box” package is available at no cost on the AAMI website (www.aami.org) and contains age-appropriate PowerPoint presentations on HTM professions, information for educators and parents on the academic requirements for jobs (ranging from biomedical equipment technicians to HTM leaders), as well as ideas for hands-on demonstrations for students and lists of schools and programs that offer

preparation and training for careers in HTM.

“With HTM in a Box, everything is at your fingertips!” said Danielle McGeary, vice president of HTM at AAMI. “AAMI can’t go to every high school, middle school, or college in the country—with ‘HTM in a Box,’ we will be giving HTM professionals the tools to do that.”

For more information, email DMcGeary@aami.org

Device Interoperability Standard

AAMI has published a new standard, AAMI CDV 2700-1:2019, that marks the start of a grander vision for the field of medical device interoperability—an interoperable clinical environment (ICE).

The idea behind the standard is to encourage the design of “plug-and-play” ICE platforms that work seamlessly once they’re connected. This plug-and-play capability would allow clinicians to combine data from different medical devices made by different manufacturers to yield new patient information in ways that are not possible with stand-alone medical devices and equipment.

“When you plug in your monitor, mouse, or a USB port into your computer, you don’t have to do all kinds of stuff to get them to work. The computer recognizes these devices and automatically integrates them into the functionality of the system,” said Sandy Weininger, cochair for the AAMI Medical Device Interoperability Working Group. “The AAMI Medical Device Interoperability Working Group is looking five-to-10 years down the road, and we welcome input from a broad diversity of stakeholders to make the standards as robust as possible.”

AAMI Foundation Embarks on New Direction

With a new focus on advancing the professional development of health technology professionals and the safety of technology through scholarships, awards, and grants, the AAMI Foundation is in the midst of launching several exciting initiatives.

In recent years, the Foundation has tackled a wide range of patient safety activities. A new Strategic Plan—approved by the AAMI Foundation Board of Directors in September—places a strong emphasis on expanding the Foundation’s fundraising and giving programs.

“Over the last decade, the Foundation’s greatest success has been helping professionals enter the healthcare field, rewarding excellence through awards, and funding important research,” said Steve Yelton, chair of the AAMI Foundation Board and professor emeritus at Cincinnati State Technical and Community College in Ohio. “That need is growing, and the AAMI Foundation is ideally suited to help.”

Taking the helm of the Foundation as its executive director is Steve Campbell, AAMI’s chief operating officer (COO). Campbell and Deputy Director Jim Piepenbrink have big plans for another valuable program—The Mary K. Logan Research Grant, which is named after AAMI’s former president and chief executive officer, who championed the Foundation’s patient safety initiatives.

“In 2016, the AAMI Foundation designated \$3 million to this grant program, and we’ve had good success funding important projects in healthcare technology,” said Campbell, who will continue to serve as AAMI’s COO. “Now, we want to take the program to new heights.”

The Foundation recently awarded the \$40,000 Mark K. Logan Research Grant to the Cincinnati Children’s Hospital Medical Center in Ohio to fund a project entitled “Dissemination of the Best Evidence for Effective Pediatric Monitoring Study Results.” The goal of the study is to disseminate and distribute recently developed indications for continuous pediatric monitoring to ensure the appropriate monitoring of patients.

Visit www.AAMIFoundation.org to learn more about the AAMI Founda-

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Member Career Transitions

Welcome to our ACCE News feature celebrating job-related transitions for ACCE members. Please contact Suly Chi, ACCE Secretariat (secretariat@accenet.org), if you, or a colleague you suggest, would like to be included in an upcoming issue.



Allison White, MBA, BSBE

Allison joined State University of New York (SUNY) Upstate Medical as its Director of Clinical Equipment Lifecycle Management. She is responsible for clinical equipment life cycle management and optimization. Her new duties include prioritization of all clinical equipment requests, equipment refresh planning, needs assessment and prioritization, utilization optimization, standardization, procurement, installation program management, and maintenance contracts management.



Axel Wirth, AAMIF, FHIMSS

Axel Wirth has moved to a new position with MedCrypt Inc., as its chief security strategist (CSS). MedCrypt provides proactive security for healthcare technology. Axel joins MedCrypt with more than 30 years of experience in the medical device, healthcare IT, and cybersecurity industries. Axel will help guide MedCrypt in critical security strategy decisions and support the adoption of critical security technology to the healthcare industry.



Christine Vogel, MS

Christine joined Hartford Healthcare (HHC), as its Clinical Engineer - IS Security. Christine will be focused on establishing cybersecurity policies for managing medical devices and systems at HHC. She will also work on implementing a network monitoring tool, to aid in identification of networked devices. HHC is Connecticut's integrated healthcare system, consisting of six acute-care hospitals, behavioral health and rehabilitation services, physician organizations, and a community network.

AAMI Update continued

(Continued from page 14)

tion.

AAMI Revitalizes Mentorship Program

After a nearly two-year hiatus, AAMI has revived its mentorship program, which pairs AAMI members who are early-career and seasoned healthcare technology management (HTM) professionals for a year-long mentoring relationship.

AAMI started the program in 2015 as a resource and networking opportunity for our members, especially those early on in their career. The goals of the program are to:

Help protégés develop the skills and knowledge necessary to succeed and grow in the healthcare technology field.

Provide a venue for them to discuss issues or concerns that are unique to healthcare technology professionals.

Encourage long-term career planning.

The AAMI mentor/protégé relationship is a year-long agreement with a commitment to meet at least once per month via email, phone, video chats, or in person. AAMI provides monthly prompts to help guide discussions in the mentorship meetings, checks in after each meeting for feedback on progress being made toward goals, and conducts semi-annual surveys on the success of the program and any additional resources we could provide.

To learn more about AAMI's Mentorship Program and access mentor or protégé applications, visit www.aami.org/Mentorship.

AAMI staff

Are you prepared for a disaster?

Earlier today I received the e-mail below. As a member of a disaster response team I am used to these drills and promptly responded, as did most of the team and we passed this drill. All good.

“Alert Message: This is a drill. September is National Preparedness Month. For the quarter-one MRC drill, please poll your unit’s MRC volunteers by conducting a call-down drill to determine the number of volunteers who have a 72-hour kit prepared. In polling your volunteers (yes I have a 72 hour kit: no but I plan to construct a kit,) please provide a 2 hour response time. Additionally, feel free to include any National Preparedness Month resources that have been made available such as those on [Ready.gov/September](https://www.ready.gov/September) and <https://www.mass.gov/know-plan-prepare> in your drill. Please submit a roster (one roster per unit) of those volunteers who responded within the 2-hour time frame by Thursday September 5th at 5PM to receive credit. This is a drill.”

However, after responding with all the confidence of the ill-informed, I thought I should really check to see the status of my go bag. I have written before about being ready, and I believe I am or was, till I checked. No drugs, no copies of essential documents, cat food and dog food gone, chargers gone, and the cat had been using the bag to sleep in. So, no go bag.

I suppose where I live (Boston area) this is not a big issue. But the last two years, and this hurricane season, have brought home the importance of being prepared and knowing what to do when things go wrong. I was supposed to be in the Bahamas when Dorian hit. Had I been there I know I would have wanted to help with the recovery, assuming I was not part of the group that needed recovering.

As I am writing this:

- Houston is getting re-clobbered by a storm, having just finished rebuilding from the last big storm;
- The investigators are still trying to figure what went wrong on the dive boat that caught fire;
- A plane recently had a pressurization issue and did a rapid descent-30, 000 feet in about 7 minutes or so.

Oh my!

Things go wrong in all sorts of places. The key here is, are you ready, at home, on the road or at work? I was teaching a “Stop the Bleed” program at work this week. We were talking about what sort of trauma or medical kit one needs. Shocked I am, but I have one at home, one in my car, one in my motorcycle and a small one in my briefcase. I don’t use them often, but they do get used and they can be essential.

If you are interested in the Stop the Bleed program check out <https://www.bleedingcontrol.org/>

What can you do to be ready? Your hospital does disaster drills, but if they are like the ones we used to do, they are not particularly challenging or realistic. While on the fire department we used to do tabletop exercises to test out issues on a large scale. Has your facility tried a drill where they had to evacuate or to receive evacuees? A fire or tornado? What role have you played in these drills? Are you part of the disaster response

team? How realistic are these drills and are you really testing to see how things go when things go wrong? If, not when things do wrong- these gaps you have not identified can kill you or others.

There is a drill regarding NYC, called Gotham Shield. It’s a Department of Homeland Security (DHS) exercise to test response to a dirty bomb going off near the Holland Tunnel. Visit these websites if you are interested. It is fascinating and horrifying at the same time.

<https://www.city-journal.org/html/gotham-ready-bioterror-15129.html>

https://emergency.cdc.gov/radiation/webinar/slides_082417_radiological_and_nuclear_preparedness.pdf

So, the question is, how ready are you at home, in your car or while traveling and at work? How is your go bag? Does it exist at all and how ready might it be, or is the cat using it? Your preparedness can make a big difference for you, your family and others.

For work, have you updated your Clinical Engineering disaster plan? Have you worked with Facilities, IT, and the clinical staff to make sure as much as possible is being done to plan for critical utility and IT outages during a natural or man-made disaster?

Finally, I am fixing my go-bag this weekend.

Take care all.

Paul Coss
President, The HTF
coss.paul@gmail.com

Welcome New Members

We welcome our newest members, approved by Membership Committee and supported by the Board of Directors:

Name	Class	Job Title	Organization	State/ Country
Nader Hammoud	Individual	Manager, Healthcare Technology	John Muir Health	CA/USA
Kwaku Ofori-Atta	Candidate	Graduate Student	University Bridgeport	CT/USA
Michael Anomah	Upgrade to Individual	Regional CE Manager	Ghana Health Service	Ghana
Patrick J. Garzon	Upgrade to Individual	Clinical Engineer	Kaiser Permanente	CA/USA
Naveed Ahmed Khan	Individual	Sr. Biomedical Engineer	Saudi German Hospital	Saudi Arabia
Leslie McGovern	Individual	Director of Clinical Engineering	SODEXO/Northwest Community Healthcare	IL/USA
Ashwin Sivam	Institutional/Individual	Biomedical Engineer	Dept of Veterans Affairs/Hines	IL/USA
Elien B. Engels	Institutional/Associate	Clinical Imaging & Integration II	Yale New Haven Health Services Corp.	CT/USA
Alvaro Leon Pavas	Associate	Biomedical Engineer	ORBIS International	Colombia
Danielle McGeary	Individual	Vice President, HTM	AAMI	MA/USA
Martin Poulin	Individual	Director, Biomedical Engineering	Island Health	BC/Canada

ACCE 2019 Membership Renewal

Thank you for being an ACCE member! ACCE.

Membership Renewal for January through December 2019 is due now.

To renew your 2019 membership online with PayPal, please [click here](#) or go to <https://accenet.org/Members/Pages/default.aspx?from=login>.

To renew by postal mail, please remit your renewal check to:

ACCE

5200 Butler Pike,

Plymouth Meeting, PA 19462

If you need an e-invoice, please contact ACCE Secretariat at secretariat@accenet.org

[Membership benefits](#)

**IT'S TIME TO
RENEW YOUR
MEMBERSHIP!**

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 \$313). You must [login](#) to the ACCE website to view the code. Then visit LWWW.com to enter code.



ACCE Calendar

10/2/2019

CLAIB19 & CNIB19 Conference & Expo - Cancun
Visit ACCE Boot # 30

3/9/2020—3/13/2020

HIMSS 2020
Orlando, FL

10/10/2019

2019-2020 Educational Webinar series, session#2: Acquiring Medical Devices-The process & Leading Practices

3/9/2020

ACCE CE-IT Symposium
Orlando, FL

10/21/2019 - 10/22/2019

3rd ICEHTMC Rome

6/12/2020 -6/15/2020

AAMI Exchange 2020
New Orleans, LA

10/21/2019

Clinical Engineering Day

11/14/2019:

Educational Webinar Series, session#3: Cybersecurity Guidance: HICP and JSP for CE-IT.

11/15/2019

Last day to submit articles/ads to ACCE News November/December issue

11/2/2019 - 11/16/2019

CCE written examination

01/26/2020

Last day to enter the 2020 Student Paper Competition

02/10/2020

Deadline to submit nominations for 2020 CE Hall of Fame

03/04/2020 -03/0/2020

SABI2020 - Argentine Congress of Bioengineering and Argentine Conference of Clinical Engineering
Piriapolis, Uruguay

ACCE

AMERICAN COLLEGE OF CLINICAL ENGINEERING

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