

# ACCE News

Vol. 11, No. 1 – January 2001



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# ACCE News

21 Bob's Lane

Setauket, NY 11733

*American College of Clinical Engineering*

# ACCE News

## ACCE Mission

1. To establish a standard of competence and to promote excellence in Clinical Engineering Practice.
2. To promote safe and effective application of Science and Technology to patient care.
3. To define the body of knowledge on which the profession is based.
4. To represent the professional interests of Clinical Engineers.

Web - Accenet.org

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## President's Message

Jennifer C. Ott, MSBME, [jennifer.ott@tenetstl.com](mailto:jennifer.ott@tenetstl.com)

I can only hope that many of you are reading this message electronically. It may take ACCE a bit longer than the competition but when we finally come through it is a pretty slick product! Not without its glitches, however, and your comments to the editor are greatly appreciated. Help us to help you even more by reducing our mailing costs. Send Kathy Zaverton an e-mail at [kzaverton@umcaz.edu](mailto:kzaverton@umcaz.edu) requesting electronic only distribution of the *ACCE News*. We certainly owe Joe Dyro and the rest of the newsletter staff a big pat on the back for a job well done!!

Please note the Board is fully aware of the problems and limitations we have with our current website updates, ability of current information, and ability of past information. Anyone with thoughts or volunteer capability is encouraged to contact Elliot Sloane at [ebsloane@aol.com](mailto:ebsloane@aol.com) or myself. Bruce Morgan, our current Webmaster, is in transition professionally and personally at this time and the Board is trying to accomplish what it can. Any help would be greatly appreciated!

I would like to continue to extend an invitation to all members to contact me with concerns, questions, and offers to participate further in ACCE. The Board is currently working on nominations for next year, so if you have a small amount of time and would like to work with a great group of people furthering the ACCE mission please let me know. We have some unique opportunities and I really look

forward to working with more members in assuring the mission of ACCE meets our member's needs. But, this means that you the member need to let us know and get involved!

Lastly, all ACCE members need to say a prayer for the health of Bob Morris. For those of you who do not know, Bob is courageously fighting prostate cancer. He is strong of spirit and when time permits keeping his ear to the clinical engineering radio. Take a few moments now to send a mental message of strength and faith. I know Bob would appreciate it.



Jennifer Ott

### The ACCE Board

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Membership	Kelly Galanopoulos
Public Affairs	Wayne Morse
ICC Liaison	Frank Painter
Nominations	Frank Painter
Education	James O. Wear
International	Thomas Judd
AAMI Liaison	Elliot Sloane

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## ACCE News

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### ACCE

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process for clinical engineers. I dedicate this column to those who have achieved much over the past year on behalf of the ACCE membership, the present and future clinical engineers, and the recipients of care provided through the benefits of medical device technology. Six points illustrate the work of ACCE and its *ad hoc* committee charged with grappling with the certification issue:

1. ACCE is working very hard on redesigning the certification examination so that it is relevant.
2. ACCE is cooperating with the USCC, ICC and AAMI.
3. ACCE made significant modifications to our proposal to meet the expectations of AAMI.
4. ACCE knows certification is important. All clinical engineers we have asked have said so.
5. ACCE is committed to the profession and is working hard for the benefit of the members.
6. ACCE is proposing a program with a budget that will get the best possible job done, at the least possible cost. We feel comfortable that, with our combined experience of over 100 years on the CE Board of examiners, the budget is reasonable.

Nurtured by ACCE, the certification program will prosper.

## Letters

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### ACCE News Arrives in Time for Hanukah

Editor -- I was delighted to receive the November issue of the ACCE newsletter. Everything in it is bright and clear. The news, the stories, the pictures and even some gossip about friends. A perfect Hanukah gift. Thank you

Yadin David,

[ybdavid@texaschildrenshospital.org](mailto:ybdavid@texaschildrenshospital.org)

The Editor encourages readers to express their views by way of letters that might be printed here for the benefit of the readership. He also likes to get mail.

## Editorial: Certification

Joseph F. Dyro, [dyro@alum.mit.edu](mailto:dyro@alum.mit.edu)

My hat goes off to those who have labored diligently and purposefully with sincere desire and considerable expertise to establish a certification

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## Help Needed

Frank Painter, [frpainter@earthlink.net](mailto:frpainter@earthlink.net)

As Chairman of ACCE's *ad hoc* Clinical Engineering Certification Committee I ask for your help in several projects involved with the certification process. I especially need former CE Board of Examiner members and CCEs. We have a tight time frame to complete projects dealing with exam questions, body of knowledge survey analysis, by-laws, operating procedures, applications and study guides. Please call me at (203) 261-8340 or e-mail at [frpainter@earthlink.net](mailto:frpainter@earthlink.net). Thank you.

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## ACCE Certification Committee Moving Forward

Ray Zambuto, [rzambuto@techmed.com](mailto:rzambuto@techmed.com)

ACCE's Clinical Engineering Certification Committee continued to move forward in its plan to reestablish a certification program for clinical engineering practitioners in the United States. The committee has been committed to restore certification through a reforming of the AAMI/USCC/ICC certification process to both update the body of knowledge and restructure the exam procedure itself. AAMI, has said, however, that its "vision and commitment" to clinical engineers differs from that of ACCE. While the door to a cooperative venture remains open, the certification committee has continued to develop the ACCE certification process alone.

A questionnaire is being distributed to every clinical engineer that the committee can reach by email or regular mail. This questionnaire will give the committee the statistical information on the various tasks performed by clinical engineers in hospitals, ISOs, education, and industry. If you have not received a mailing, please send an email to Frank Painter, [fpainter@earthlink.net](mailto:fpainter@earthlink.net). Frank will email you the survey, which you can fill out on-screen and return to him. The more surveys returned, the more accurate the information will be.

This methodical approach to looking at what clinical engineers are actually doing in their work is a step that the USCC board never took, leading to problems in the relevance of the exam questions. It is part of ACCE's vision and commitment to all clinical engineers that the body of knowledge of the ACCE-sanctioned certification process will remain current to the profession as it evolves in the coming years. The results of the survey and further progress reports from the committee will be published in *ACCE News*.

If you are reading this from a hard copy and would rather have the electronic version, please send your e-mail address to

Kathy Zaveron at [kzaveron@umcaz.edu](mailto:kzaveron@umcaz.edu)

You will be notified by e-mail when the next issue of the *e-News* is available on the Web. If you want hard copy as well, apprise Kathy.

# AUSTRALIA EPSM 2000

Joseph F. Dyro, [dyro@alum.mit.edu](mailto:dyro@alum.mit.edu)

The Annual Conference of Engineering and the Physical Sciences in Medicine (EPSM) was held in the City Hall of the seaside resort town of Newcastle, New South Wales, Australia, November 5-9, 2000. ACCE members Joe Dyro, James Wear and Ray Zambuto presented keynote addresses. Dyro spoke on *Clinical Engineers Ensuring Safe and Effective Patient Care*, Wear's address was entitled *Future Maintenance of Equipment and Training*, and Zambuto presented *Making the Difference for the Patient*. In addition to their keynote addresses, all speakers gave a number of lectures and workshops as well as moderated panel discussions. Wear spoke on *Distance Education*

for *Clinical Engineers and Advanced Clinical Engineering Workshops in the Developing World*, Zambuto, on *The Future of Equipment Management Systems* and the *Changing Face of Technology Management*, and Dyro, on *Clinical Engineering Workshops, Accidents: Reconstructing, Root Cause & Remedies, Human Errors in Medicine* and *The Handbook of Clinical Engineering*.

The official welcomes were made by Tomas Kron, Organizing Committee Convenor, Prof. John Rostas, Executive Director, Hunter Medical Research Institute and Councillor John S. Tate, Lord Mayor of Newcastle.



Rostas, Tate, Wear & Dyro

The EPSM is organized by the Institute of Engineers of Australia (IEAust), Australasian College of Physical Sciences and Engineers in Medicine (ACPSEM), and the Societies of Medical and Biological Engineering (SMBEs). The lectures were kept on schedule, the audio-visual support was

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superb, and the moderators excelled in summarizing the content of the lectures and stimulating discussion. Ruth Appleby of the Newcastle Visitor & Convention Bureau was the Secretariat who ensured that all went like clockwork.



Ruth (second from l.) and her team

Particular thanks go to Bruce Morrison, Clinical Engineering representative and Secretary of the organizing committee for EPSM 2000 for welcoming the ACCE speakers, facilitating conference arrangements, ensuring a most pleasant stay in Newcastle, and providing exciting tours of the city's two airports. Thanks go to James McCauley, for introducing the Newcastle Workers Club to Dyro where he bought a ticket on Brew the winner of the Melbourne Cup, Australia's premiere racing event. Congratulations to Richard Gostt, winner of the IEAust Young Biomedical Engineers Award for his paper Computerised Anaesthesia Record Keeping System with Automatic Pulse Oximetry Artifact Annotation.



Zamuto, Morrison & Dyro

Newcastle is Australia's sixth largest and second oldest city. Coal, mined by convicts, spurred economic development in the early 1800s. Warm

spring breezes and brilliant sunshine greeted participants as they walked about exploring the historic town's buildings, restaurants, pubs, and monuments and watched the surfers waiting for the big one. The town's attractions include beautiful beaches, vast lakes, mountain ranges and the Hunter Valley, and a premium wine making region. A night of wine tasting, dinner, song, and comedy at the Wyndham Estate Winery highlighted the social calendar.

Varian Medical Systems was the Principal Sponsor of the Conference. Other sponsors included ADAC Laboratories, GE Medical Systems, Elekta, Bio-Tek Instruments and Nucletron.



Award winner Gostt (l.) and McCauley sport Cup tickets

After the EPSM Dyro began a six-city lecture tour as the IEAust Eminent Speaker in Biomedical Engineering for 2000. He lectured on *Doctors, Devices and Disasters* in Sydney, Canberra, Melbourne, Adelaide, Townsville and Brisbane. Dyro related most of his remarks to the recently published Institute of Medicine report, *To Err is Human*. Dyro enumerated many recent, headline-grabbing, real-life, technology-related disasters. He then answered the following questions: Why do these horrific things continue to happen? Who is to blame? What role does medical device design have to play in causing these disasters? Can engineers create safer health delivery systems?

In sensitizing members of the audience, many of whom were in non-

clinical engineering professions, to the many thousands of patients who die each year, Dyro carried out the recommendations of the IoM for professional organizations to alert the public to the serious issue of human error. His lectures were well attended by members of local chapters of IEAust and their guests.

Social hours, with fine cuisine and delicious wine, facilitated conversation with attendees. Thanks go to IEAust chapter representatives who arranged the lectures: Adrian Richards (Adelaide), Martin Dwyer and Mike Flood (Canberra), Bruce Campbell (Sydney), Mike Denison (Melbourne), Lloyd Walker (Townsville) and David Jones (Brisbane). Agilent in Brisbane provided a much-enjoyed Thanksgiving Day feast of shrimp on the barbie washed down with XXXX Beer and fine Australian wines.

While much time was spent in cars, planes, and lecture halls, ample time was found to explore the cities, taste the superb cuisine, sample the exquisite wines, observe the exotic flora and fauna, and enjoy Australian hospitality. All discussions with colleagues throughout the journey left no doubt that the professionalism exhibited was of the highest level. A closer working relationship with the clinical engineers of Australia would be to our mutual benefit. Nor was the level of professional commitment limited to the medical profession. While in Brisbane, Gary Cavanaugh, Senior Research Officer at the Julius Kruttschnitt Mineral Research Centre, The University of Queensland, arranged a morning in the mine, a descent into a mine used by the University as a laboratory for graduate students of mining and minerals.

So, mark your calendars, mates, for EPSM 2001 in Fremantle, the port city of Perth, West Australia, September 30 to October 4.

## ACEW Panama 2000

### Advanced Clinical Engineering Workshop Panama 2000

Antonio Hernández, [lhernana@paho.org](mailto:lhernana@paho.org)

The 12<sup>th</sup> Advanced Clinical Engineering Workshop (ACEW) was held in the tropical city of Panama, November 13-17, 2000. The venue was the Continental Riande Hotel in the tourist and international banking district of Panama City. Mr. Aldo Maatoo, Ms. Mary Luz Santana and Dr. Federico Hernández and his secretary Noraida Martínez coordinated the local arrangements and the logistics for the event. The staff of the Infrastructure Direction of the Ministry of Health was very active in providing administrative support. Ira Tackel coordinated the ACEW. Bob Morris, Tom Bauld, Kok-Swang Tan, Jonathan Gaev, Adriana Velásquez, Oscar Misla and Antonio Hernández were the members of the faculty. The core of the activity was the standard five-day workshop program, oriented to build and strengthen the clinical engineering and health care technology management capacity in the participants.



Workshop leader Tackel records the moment

Because of the excellence and high quality of the faculty, ACEWs are in high demand throughout the countries of the Pan American Health Organization (PAHO). The Ministry of Health of Panama requested of the ACEW organizers presentations running in parallel to permit additional attendees. Parallel sessions each afternoon succeeded in enabling additional attendance and in allowing attendees to interact more effectively with the faculty. The parallel presentation topics were technology management, electromagnetic interference, clinical engineering certification, regulation of medical devices, and equipment accident investigations.

The hard work of the faculty, presenting parallel sessions, enabled more than 230 professionals to participate in the ACEW. Each of five parallel three-hour sessions was attended by 30 participants. The workshop included 50 students in addition to 30 observers in the afternoon session.



ACEW delegates listen intently

As is the case for every ACEW, participants hailed from other Latin American Countries. Brazil, Ecuador, Paraguay, Costa Rica and El Salvador were represented as well as Panama.

Bob Morris provided helpful advice to the Ministry of Health and its forensic investigation of an incident in the Santo Tomas Hospital in Panama. At the

request of the Ministry of Health authorities, Bob and Ira presented a module on Medical Equipment Accident Investigation to the directors and administrators of the Public and Social Security Hospitals in Panama.

Faculty had ample opportunity for relaxing and enjoying the local hospitality. A wonderful visit to Old Panama on a beautifully exotic tropical night with a walk through the city's cobblestone streets and a fine meal of the local tasteful cuisine was just one of many highlights. An engineer's trip to Panama would not be complete without a visit to the Canal Zone. The faculty and students enjoyed this engineering diversion, which also gave them the opportunity to visit local handcraft and souvenir markets.



Tackel, Gaev, Tan and Morris (l. to r.) inspect the Canal

The participants evaluated the ACEW as excellent. There could be no doubt that the ACEW left a significant mark and will have a long-term impact on the clinical and hospital engineering programs in Panama.

Special mention is made of Dr. José Terán of the Ministry of Health and Dr. Lilian Reneau-Vernon, PAHO's Representative in Panama, who provided

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total support enabling the realization of the ACEW.

The excellent reputation of the ACEW program has reached the ears of most of the health authorities of the Latin American and Caribbean countries. As a result, Peru, Paraguay, Brazil, Jamaica, and Costa Rica all desire a workshop in the near future.

To all you palindrome buffs out there:  
AMANAPLANACANALPANAMA

## Bauld Reflects on Panama ACEW

A first-time faculty member opens his diary to the reader

The Pan American Health Organization (PAHO), also known in Spanish as the *Organization Panamericana Salud (OPS)* in conjunction with The World Health Organization sponsored the Advanced Clinical Engineering Workshop. They pay for the travel and lodging expenses of the faculty and the students.

Security was very tight as the *Combre Iperioamerica* was taking place the weekend following the conference. At the airport when I arrived on Monday, a day late, there were police and what seemed to be military patrolling with automatic weapons and dogs. The Presidents from the Spanish speaking Latin American countries and Spain had their 10<sup>th</sup> Annual Meeting. President Fujimora from Chile did not attend. Fidel Castro, however, did attend and a group of Panamanians were arrested and charged with a plot to assassinate him. They were operating out of a hotel in downtown Panama City, not far from where we stayed.

My plane from LaGuardia, New York was late leaving because a few problems cropped up: the right engine needed a part, some cockpit gauges required service, exiting the gate was blocked by other aircraft, and we were 30<sup>th</sup> in line for takeoff. I was not surprised that I missed my connecting flight in Miami by two hours. I stayed over until Monday in the local Embassy Suites, which was very close and nice. Being close, I was able to go to the airport at 7:30 AM to get on the standby list first. Then I returned to the hotel, got breakfast and did more work to prepare for the workshop. Luckily, as I waited on standby, the airline offered a \$400 credit to folks who would take a later flight. Fortunately, although over 20 more people were booked than room allowed, I was the only standby to board. I had gotten the advice on how best to get on from the gate agents the night before. They had it perfect.

The PAHO-OPS staff was extremely helpful, friendly and competent. Many demands were made on them for last minute document production and large copying orders and they got it all accomplished in great spirits. We owe them a huge debt of gratitude.



Antonio Hernández and Tom Bauld (l. to r.)

Panama has two independence days, Nov 3 from Spain and Nov 28 from Columbia. Now they also have Canal Independence Day to celebrate. On the plane from Panama to Miami, I met a businessman who imports parts to

Panama and who lived there 18 years. He said the business has declined since so many Americans left after the base closing.

There is a Smithsonian Aquarium and Research Laboratory near the Three Islands Causeway, a new cruise ship resort being built to accommodate the big ships and allow them a place to really stop instead of cruising right on through Panama.

A varied buffet lunch with a fine assortment of salads and cold foods as well as a line of hot items was served every day in the hotel dining room. Everyone had a meal ticket to turn in. Morning and afternoon coffee breaks included snacks.

Monday night, some of the faculty, Antonio, Bob, Ira, Tom, and Kok-Swang, ate at a very plain local restaurant, *Costa Azul*. It was simple and tasty and included a hair in one of the beer glasses. A TV interview was occurring outside on the patio as we ate.

On Tuesday night the faculty ate at the *Italiannis* restaurant based on Ira's enthusiastic and well-researched recommendation. He had run by it earlier in the day on his way to the waterfront fish market. It was very, very nice.

The bar at the hotel had an old Wurlitzer organ, but no one ever played it. The hotel had a casino off the main lobby. Lots of folks played at the 21 tables and the slots. Knowing my tendency to give money to the casino, I refrained.

Wednesday evening, the Organizing Committee took us to the old colonial part of Panama where the presidential residence and the National Theatre are located. It was a great treat. Our group of 15, in three cars, stopped first at the very old, circa 1615, Church of San Jose. It featured a gorgeous, huge gold altar. Then we toured the old areas and saw the Lindblade house named for a very popular singer in Latin America who recently ran for president but lost badly.

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We couldn't get two close to the President's place because of all the security. As you drive in the area, you must keep your headlights off so as not to blind the police.



The Church of San Jose

Thursday evening, a small group had a great meal at *Mi Ranchito*. Friday after lunch, we boarded a tourist bus for a special tour. Our guide was one of the Panamanian participants. We passed by the site of the invasion and the apprehension of Noriega. Some damage was still visible but not obvious.

We went to the *Mias Flores* Locks, but couldn't get close because Fidel Castro was there that day. Apparently, Fidel had been pushing for turnover of the Canal to Panama for a long time. This was his first visit to Panama since the transition. Close to the road a group of Cuban-Panamanians had set up a picnic and a welcoming celebration for Fidel. Where we did stop, we could see a good stretch of the canal with large freighters arriving regularly. We saw two arrive with the assistance of brand-new tugboats. We saw how the large boats were moved through the lock area with tugboats guiding them and 'donkey' engines pulling them through the lock.

As we toured the jungle portion of *Los Publitos*, a unique national park celebrating the three cultures that form Panama, a giant palm branch fell from a tree, narrowly missing some of our group by a few meters.

Friday night Norris, one of the delegates from Puerto Rico, became ill with asthma. She had run out of medication, so from the dinner at *Mi Publitos*, colleagues went to a drug store and were able to convince the pharmacist to provide a version of albuteral without a prescription. Unfortunately, it must not have been effective since as we returned around 1:30 from *La Marina*, Oscar was leaving in a cab taking Norris to a hospital. I called the next morning but got no response. We heard later that she recovered and returned home.

All in all, it was a fine experience and I am very grateful that I had the opportunity.

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## ACEW Schedule Update

Frank Painter, [frpainter@earthlink.net](mailto:frpainter@earthlink.net)

March 5-9, 2001  
Lima, Peru (CANCELLED)  
Sponsored by PAHO  
Workshop Leader - Frank Painter

April 2001  
Kathmandu, Nepal  
Sponsored by WHO  
Workshop Leader - Jim Wear

May 2001  
Havana, Cuba  
Sponsored by WHO  
Workshop Leader - Robert Morris

June 2001  
Sao Paulo, Brazil  
Sponsored by WHO  
Workshop leader - Binseng Wang

September 2001  
Brasilia, Brazil  
Sponsored by PAHO  
Workshop Leader - Tom Judd

October 2001  
Istanbul, Turkey  
Sponsored by WHO  
Workshop Leader - Joseph Dyro

November 2001  
San Jose, Costa Rica  
Sponsored by PAHO  
Workshop Leader - TBD

Other planned Workshop locations with dates yet to be determined are Kazakhstan, India and Tanzania.

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## Medical Advances: Lothotriety

The operation of breaking into pieces a calculus in the bladder...This is one of the great triumphs of modern surgery, and although the importance of such an operation has been recognized from the earliest time, Civaile, a French surgeon who commenced his research in 1817, but did not perform his first operation till 1824. The operation consists in passing a pair of strong sliding forceps, furnished with teeth, through the urethra into the bladder, and laying hold of the calculus, when the lower limb of the forceps is fixed in a vice, and the upper struck smartly with a hammer, so as to break the stone.

T. Ellwood Zell's  
*Popular Encyclopedia*, 1871



## On the Move and In the News

### ACCE New Members

The ACCE Board recently approved the following new members:

- Steve Marc Yoshikawa
- Chaim Herskovic
- Steve Juett

Steve Marc Yoshikawa was approved for candidate membership. Steve has a degree in electrical engineering and is currently pursuing graduate work at the University of Connecticut.

Chaim Herskovic was approved for associate membership. Chaim is a CBET and is currently studying computer science and biomedical technology.

Steve Juett was approved for individual membership. Steve is currently the director of clinical engineering at the Baylor University Medical Center. Steve's sharing of his telemetry experiences in March 1998 caught the attention of the FCC and the FDA. Steve's membership is the result of an ACCE Advocacy Award.

## Congratulations!

### Dyro, Wear & Zambuto Down Under

Three ACCE members spent several weeks in Australia during the month of November engaged in professional and cultural pursuits.

Second Vice President Ray Zambuto, Education Chairman James Wear and ACCE News Editor, Joe Dyro were invited keynote speakers at the Annual Conference of Engineering and the Physical Sciences in Medicine (EPSM 2000) November 5-9 in Newcastle, New South Wales, Australia. See story on page 4 of this issue of ACCE News.

Upon returning from the Baltic ACEW, Joe Dyro, put some summer clothes in his bag and headed off for Australia with Betsy, his wife, and Laura, his youngest child. Jim Wear and his wife Judy arrived in Australia to present papers at the Australian Hospital Engineering Conference before EPSM. Ray and Janet Zambuto spent the conference week in the seaside town of Newcastle before sightseeing around and about Australia.



Dyro finds a friend in Australia

### ACCE Wants You!

Al Jakniunas, [AJakniunas@huhosp.org](mailto:AJakniunas@huhosp.org)



Hey you out there! Yes, you.

You know who I'm talking to. What have you done for ACCE lately other than read this fantastic newsletter? Get off your duff and get going! ACCE needs all of its members to contribute their talents, experience and skills to keep or organization vibrant, relevant and vital to your professional careers. "What can I do?" you say. Have you thought about a leadership role? Nominations are open for officers and board members. Talk to Jennifer Ott, your ACCE President. Call her at 314-577-8018 or send an email to her at [Jennifer.Ott@tenetstl.com](mailto:Jennifer.Ott@tenetstl.com).

The editor of this great newsletter told me recently that he'd like to have more articles from the membership such as success stories, tips for what works, technical notes, and human interest items. Several committee

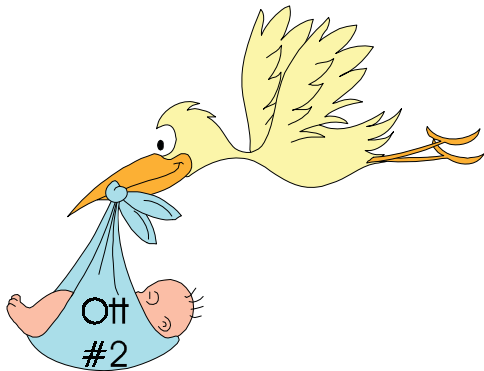
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chairmen are looking for hard-working committee members.

*We have lots to do. With your help we can get the job done. What are you waiting for?*

## St. Louis UFO Identified

Air traffic controllers in the St. Louis area currently have a slow-moving avian object on their screens. Alerted to this phenomenon FAA officials dispatched a team of experts. Fortunately, an amateur ornithologist in the group confirmed, with the help of his *Peterson Field Guide* always brought along under such circumstances, that the airborne object was of the Family Ciconiidae. Further analysis showed it to be a *Mycteria americana*, commonly known as a stork.



Jet fighters scrambled to intercept the interloper and took an exclusive photograph (shown above), which revealed the stork bearing cargo with the distinctive markings, Ott #2. This confirmed beyond a shadow of a doubt that a second child is on its way to the home of Jennifer and Jim Ott. Authorities have the ETA as June 22, 2001. They also report that 2½-year old Spencer, Ott #1, is very excited and hoping for a girl so he does not have to share his toys. His name choice at the moment is Buzz Lightyear!

## Dyro Does Jury Duty

During the first week of January, Joe Dyro served alongside nine other experts in medical device safety and design as a juror in the Medical Device Excellence Awards (MDEA) competition sponsored by Canon Communications.

The MDEA competition is the premier awards program for the medical technology community, recognizing the many people behind the scenes--the engineers, scientists, and designers--who are responsible for the groundbreaking innovations that are changing the face of healthcare. The program is open worldwide to companies and individuals involved in the design, engineering, manufacture, or distribution of finished medical devices or medical packaging. Awards are offered in each of the following 10 categories:

- Critical-care and emergency medicine products
- Dental instruments, equipment, and supplies
- Finished packaging
- General hospital devices and therapeutic products
- Implant and tissue-replacement products
- In vitro diagnostics (biochemicals for diagnostic use, related instrumentation, and home-use devices)
- Over-the-counter self-care products
- Radiological and electromechanical devices (diagnostic imaging devices, energy-emitting therapy devices)
- Rehabilitation and assistive-technology products (healthcare furnishings, patient-transfer equipment, and home-use medical equipment and supplies)
- Surgical equipment, instruments, and supplies

The impartial multidisciplinary panel of third-party jurors convened by Canon Communications judged the entries. Jurors represented engineering, manufacturing, human factors, medicine, industrial design, and other healthcare- and design-

related fields. Entries were evaluated according to the following criteria:

- Innovative use of materials, components, or processes in the fabrication of the product.
- Ability of the product development team to overcome design and engineering challenges so that the product meets its clinical objectives.
- User-related design and engineering features that improve healthcare delivery, with special attention to functional innovations that broaden the scope of users, change traditional medical attitudes or practices, or offer significant use-related improvements.
- Design and engineering features that provide enhanced benefits to the patient (e.g., comfort, fit, service access, safety, appropriate aesthetics, overall improvement of healthcare).
- Design and engineering aspects of the product or its processing that improve the manufacturer's profitability.
- Design and engineering features that improve the overall delivery of healthcare.

Winners selected will be honored at the MD&M East 2001 Conference and Exposition in New York City, June 5-7, 2001.

## Erratum

The report on the Baltics ACEW in the last issue of *ACCE News* failed to mention the presentations of Martti Kekomäki and Oleg Golubjatnikov. Kekomäki is Chief Medical Officer of Helsinki University Central Hospital and Golubjatnikov is a representative of the Estonian American Fund. Kekomäki spoke on the Healthcare Manager's Perspective on the Role of Technology in Modern Healthcare. Golubjatnikov discussed the initiatives the Estonian American Fund is taking to advance health technology management in Estonia and in the other Baltic countries.

The names of Maris Plavins and Rima Vaitkiene were incorrectly spelled. Plavins and Vaitkiene were two of the three signatories of the historic BaltMedTech concord.

## HIPAA

### Fourth Annual Symposium Explores Impact of HIPAA on Clinical Engineering

Steve Grimes, [sgrimes@nycap.rr.com](mailto:sgrimes@nycap.rr.com) and Ray Zambuto, [rzambuto@techmed.com](mailto:rzambuto@techmed.com)

The American College of Clinical Engineering (ACCE) will present its Fourth Annual Symposium on June 9, 2001, in conjunction with the AAMI Annual Conference and Exposition in Baltimore. Planning to repeat the success of the last joint symposium on changes in wireless medical telemetry services, ACCE has selected another topic of vital concern to the healthcare community: the Health Insurance Portability and Accountability Act of 1996 (HIPAA).

HIPAA is the federal government's response to a growing need for the standardized and secure exchange of computerized patient data. The financial cost to the healthcare community for implementing HIPAA is expected to substantially exceed that of Y2K, since the scope of HIPAA goes well beyond the kinds of technical issues addressed by Y2K. The overall impact will be far-reaching as the standardization of data formats, transactions, security and privacy processes will permit a wider variety of healthcare e-commerce than could have previously existed.

HIPAA standards, outlining the new rules for data security are currently being developed and should be finalized in early 2001. Final rules have already been published in the *Federal Register* for electronic transactions on August 17, 2000 and for privacy on December 28, 2000. These rules go into effect 24 months following their publication so the clock has already begun ticking and most hospitals will find it difficult to achieve compliance in time. Penalties to organizations that are not in compliance with the new standards are expected to be substantial, with civil penalties of up to \$25,000 for violation of a single standard for a calendar year and criminal penalties for misuse of individually identifiable health information of up to \$250,000 and/or up to 10 years imprisonment.

HIPAA will have a significant impact on the clinical engineering field. The Act will change the fundamental technology in healthcare to a far greater extent than any other initiative seen in the past. The standardization and security mandates will eventually allow a patient to be treated anywhere in the country, with the person's complete medical record on hand. Tele-diagnosis and consultation, patient and clinical information systems, and diagnostic equipment will all be affected by HIPAA.

Clinical engineers will be involved in several facets of the change process, and need to understand the Act and its implications. Implementation of HIPAA will require broad cooperation across many organizational functions. These include information systems, clinical engineering, clinical and medical services, medical records, billing, quality assurance, risk management, security, privacy and compliance departments and staff. The capability of existing technologies for HIPAA compliance will have to be evaluated, as will new technologies for health care e-commerce. Policies, procedures, and training will have to be reviewed to assure both the integrity and privacy of patient information during servicing of "connected" equipment. Additionally, clinical engineers may be called upon to assist in education and training of clinical staff on security precautions associated with medical technology.

The overall impact of HIPAA on clinical engineering will be significant because it will fundamentally change medical technology over the next 5-10 years. The Symposium will position clinical engineers to be of maximum benefit to their hospitals in this important area.

**See Symposium Ad on next page**

### 1429-1432 MHz Band May Be Reallocated

Carolyn Campbell, [cac1@mhg.edu](mailto:cac1@mhg.edu)

The FCC issued a Notice of Proposed Rulemaking (NPRM) on November 20<sup>th</sup> seeking comments on proposals to allocate or re-allocate various spectrum blocks being transferred from U.S. Government to non-Government use. One of the spectrum blocks at issue in the NPRM, the 1429-1432 MHz band, was allocated to the Wireless Medical Telemetry Service (WMTS) this past June. The FCC proposes now either to require WMTS to share this block on a co-primary basis with utility telemetry or to shift WMTS to another spectrum block, once again to be shared with utility telemetry. The other two spectrum blocks allocated to WMTS, the 608-614 MHz band and the 1395-1400 MHz band, are not subjects of and their allocation to WMTS apparently will not be affected by the NPRM.

Members of the American Hospital Association's Medical Telemetry Task Force will meet with representatives of ITRON to determine compatibility of their products. This information will be used to prepare comments on the NPRM. Initial comments on the NPRM are due 30 days after publication of a summary in the Federal Register, an event that has not yet occurred. Reply comments are due 60 days after Federal Register publication.

# ACCE News

THE VIEW FROM THE PENALTY BOX *David Harrington, [davesbt@kersur.net](mailto:davesbt@kersur.net)*

I am not sure of what is happening around the country but in this area the press is having a field day on problems in healthcare. As I read article after article about hospitals losing money, for example, one hospital group lost over \$110 million, cut back services, reduced the full-time work force and cried about not getting enough money from the insurance companies and government, it is getting depressing to those of us who understand the problems.

Then we get the stories about avoidable medical mistakes, such as, operating on the wrong knee, taking out the good kidney, falls from beds, drug reactions and generally poor care. But JCAHO still gives these hospitals passing grades and some even are praised. While finances are a problem we also hear that ambulances are being diverted because hospitals are full and cannot take trauma patients. When pressed, the hospitals admit that they are more interested in elective surgeries than in trauma or complicated medical problems. We are hearing of long waits in emergency rooms and even the walk-in centers want you to make an appointment to be seen.

In some states it is impossible to find out about problem physicians or hospitals. Imagine what the equipment would be in a hospital if we couldn't check on manufacturers before we bought their products? Do we dare ask the question of hospitals and health insurance groups why they still let an incompetent or impaired physician practice? Do we dare ask why an administrator or CFO is still employed if that group is losing many millions a year? Do we

dare ask that they be judged on the same level of professionalism and expertise that we are judged on? Do we dare question new equipment or services that are being considered? Or do we just keep things running and our opinions to ourselves?

Sooner or later there will be a Wal-Mart type hospital that will open and do to healthcare what Wal-Mart has done to the old-line retailers. Our recent past in healthcare in reacting to changes does not bode well for the establishment, unless they make some very hard decisions.

On a more pleasant topic I brought my oldest grandson to his first hockey game about a month ago. Watching him at the game was more entertaining than the game itself. Unfortunately I also brought my sons who told him all about my transgressions on the ice and if they awarded frequent flier miles for time in the box we all could have a long vacation.

In closing, the future is up to us. Either we solve the problems in healthcare or we become the problem. Let us all work toward solving the problems.



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## COME TO AAMI 2001 WITH ACCE

Come join ACCE in a week of learning and fellowship at AAMI 2001 in Baltimore Maryland. ACCE is a co-sponsor of the AAMI annual meeting. ACCE members have been heavily involved in the planning committee for the annual meeting, assuring that the educational program will be relevant and timely for clinical engineers.

**ACCE's Annual Symposium on the Health Insurance Portability and Accountability Act (HIPAA)** will be held at the AAMI conference on June 9th.

ACCE will also be hosting a reception and annual meeting for members – a great chance to catch up with old friends and to make new ones as well!

ACCE has arranged for its members to receive a discount on registration fees. For more information on the Annual Symposium or the AAMI 2001 annual meeting, go to [www.aami.org](http://www.aami.org) or [www.ACCE.org](http://www.ACCE.org). See you in Baltimore!

# ACCE News

## ACCE Board Meeting Highlights

December 20, 2000

**Present:** J Ott, E Sloane, T Cohen, R Zambuto, G Evans, H Montenegro, F Painter, T Judd, K Galanopoulos

### President's Report (Jennifer Ott)

- Secretariat Proposal-Several proposals are being considered by ACCE. See Ad this issue of *ACCE News*, p.16.
- AIMBE Grass Roots Effort: E-mail sent to membership with appropriate contact information.
- AIMBE Public Affairs Advisory Committee- Ethan Hertz will serve as Chairman.
- Medical Errors paper-Matt Baretich will chair an *ad hoc* committee. He is tailoring the paper to specific interest groups. Interested individuals should contact Matt.
- FDA Issues – Informal conferences, remarketing & servicers issue, and FDA presence at HealthTech were discussed with Tom Bauld & Malcolm Ridgway.
- Jennifer and will forward information to ASHE's Al Sunseri about ACCE/ASHE relationship.

### First Vice President's Report (Elliot Sloane)

- Website Update – Membership critique of Website addressed. The Board approved payment of \$25/month for Web work. *ACTION ITEM:* Elliot will submit letter to Webmaster containing list of tasks to be completed.

### Second Vice President's Report (Raymond Zambuto)

- Ray, during his recent trip to Australia (see story in this issue, page 4) found that average clinical engineers are more educated and better prepared than those in the United States.
- Health Tech – 6 sessions are scheduled: Medical Telemetry, Certification, Medical Errors, Regulatory Updates, JCAHO Updates, and Wireless Technology in Healthcare Areas.
- AAMI Symposium –Non-clinical engineering speakers are needed by mid-January. The Symposium was advertised in the September and November issue of *ACCE News*. An article will appear in BIT. Ray will work with Joe in modifying the Newsletter and Website promoting the Annual Expo in general. Frank Painter will judge posters.

### Secretary's Report (Jennifer Ott)

- Membership Directory –directory will be emended to contain Board of Directors and members by country and state.

### Treasurer's Report (Henry Montenegro)

- Total income is behind budget related to low advertising income and cancelled Michigan 2000 but is offset by income from ACEW workshops.

### CCE Committee's Report (Frank Painter)

- CE proposal -The AAMI Board met recently and expressed interest in pursuing a technology management certification. Although the Board did not agree to release the clinical engineering certification, it appears that they are not interested

at this time in revitalizing CCE. Despite this disappointing news, the Certification Committee has agreed to continue implementing ACCE's business plan. A draft of the body of knowledge questionnaire has been distributed to the Board and select members for critique and trial. The purpose of the body of knowledge questionnaire is to weight the test and target it to clinical engineering in its current form. The questionnaire looks pretty good and covers all general areas in width but not depth at this time. It takes minimal time to complete (5 minutes). The final questionnaire will be distributed via email to ACCE, AAMI, ASHE memberships and various international contacts with a target of 500 respondents. Acquisition of CCE trademark - ACCE will file its application soon.

### Membership Committee's Report (Kelly Galanopoulos)

- The Board unanimously approved the following new members: Steve Marc Yoshikawa, Chaim Herskovic and Steve Juett.
- Policy for reinstatement and renewal of members will be discussed at the next Executive Board meeting.
- The membership application to be modified for credit card payment.
- The membership committee recommends fellow status to include a 5-year length of membership and leadership role. Next Bylaws revision will reflect this change.
- Committee will contact Associate and Candidate members for suitability for upgrade.

### Education Committee's Report (Jennifer Ott)

- Agreement reached on language for the contract with WHO on ACEW curriculum development
- Al Levenson will be in charge of the 2001 teleconference series.

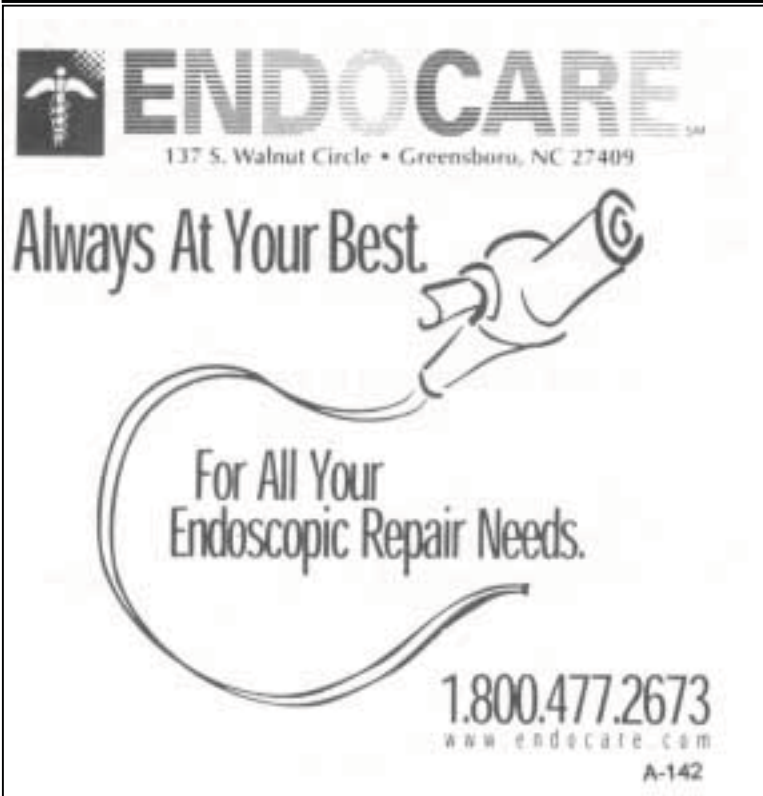
### Advocacy Committee's Report (Jennifer Ott)

- The Executive Board will discuss future direction, leadership, and membership of the Committee.
- Development of Clinical Engineer history, Engineering Week, Medical Error, and JCE Subscription and Membership for award winners discussed.

### International Committee's Report (Tom Judd)

- ACEW update– Phenomenal attendance of 200 at the workshop in Panama. Delegates made requests to tailor the content to their hospital administrators in attendance. The faculty conferred and split up into separate groups to discuss the issues and then they rotated each afternoon. The Brazil Minister of Health has requested a similar set-up for 2001. Costa Rica also expressed interest.
- Website International Page is up thanks to Sam Miller.
- Infratech contract –Improvements, *e.g.*, Jakniunas linking InfraTech to the ACCE Web page, are in progress.
- *Handbook of Clinical Engineering* – Joe Dyro is leading the effort.

# ACCE News



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Dear colleagues:

On behalf of the Regional Council of Biomedical Engineering for Latin America (CORAL) it is a privilege of the Organizing Committee of Havana 2001 to invite you to take part in the second edition of the Latin American Congress of Biomedical Engineering. The Congress will be held in Havana on May 23rd to 25th, 2001.

Incorporating national and regional meetings, this event will strengthen cooperation among specialists from Latin America and the Caribbean and will deepen interdisciplinary cooperation between Medicine, Engineering and Physics. The Congress will encourage a fraternal exchange of experiences and knowledge among the professionals linked to Biomedical Engineering, to serve whoever needs them in our region and in the world.

We hope you attend and participate in this important Congress. Havana 2001 will be held in the warm atmosphere and hospitality that characterize our peoples.

For additional information visit [www.hab2001.sld.cu](http://www.hab2001.sld.cu) or e-mail to [hab2001@infomed.sld.cu](mailto:hab2001@infomed.sld.cu).

Sincerely,  
Susana Llanusa Ruiz  
President of the Organizing Committee



## *Solutions for a New Century*

ACCE is an educational partner for Clinical Engineering Sessions at HealthTech 2001, in Cleveland, Ohio on April 22-25. Session topics will include Medical Errors, Clinical Engineering Certification, Medical Telemetry, JCAHO Environment of Care Standards, Regulatory Issues Update, and Wireless in Healthcare. To learn more about HealthTech 2001, go to [www.healthtechnet.com](http://www.healthtechnet.com). **When registering, be sure to identify yourself as an ACCE Member to assure the lowest registration fee.**

# ACCE News

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## Calendar of Events

- International Conference on Biomedical Engineering (ICBME - 2001), January 24-26, 2001, Anna University, Chennai, India. Dr.G. Ravindran, 91 - 44 - 2351723 x-3169, [raviguru@annauniv.edu](mailto:raviguru@annauniv.edu), [www.annauniv.edu/bme](http://www.annauniv.edu/bme).
- AIMBE 10<sup>th</sup> Annual Event, Health Care in the New Millennium: Merging Biology, Information Technology and Engineering, March 1-3, 2001, Washington, DC. [www.aimbe.org](http://www.aimbe.org)
- ACEW 2001, Kathmandu, Nepal, April 9-13, 2001. Contact James Wear at [wearjam@lrn.va.gov](mailto:wearjam@lrn.va.gov)
- HealthTech 2001, April 22-25, 2001, Cleveland, Ohio, [www.healthtechnect.com/HT2001/SPEAKAPP.html](http://www.healthtechnect.com/HT2001/SPEAKAPP.html)
- 8<sup>th</sup> Annual DITEC 2K1 Industry Conference, May 20-22, 2001, Cleveland, Ohio, [www.DITECnet.com](http://www.DITECnet.com).
- II Congreso Latinoamericano de Ingenieria Biomédica, Mayo 23-27, 2001, La Habana, Cuba, [www.hab2001.sld.cu](http://www.hab2001.sld.cu).
- 4<sup>th</sup> Annual ACCE Symposium, Healthcare Insurance Portability and Accountability Act (HIPAA), June 9, 2001, Baltimore, MD, [education@aami.org](mailto:education@aami.org).
- AAMI Annual Conference, June 9-13, 2001, Baltimore, MD, [education@aami.org](mailto:education@aami.org).
- ACCE Annual General Meeting, June 12, 2001, Baltimore, MD, [www.ACCEnet.org](http://www.ACCEnet.org)
- MEDICON 2001, June 12-15, 2001, Pula, Croatia, [www.crombes.hr/MEDICON2001](http://www.crombes.hr/MEDICON2001).
- Medical Physics, June 18, 2001, Moscow, Russia. [www.medphys2001-msu.ru](http://www.medphys2001-msu.ru).
- 23<sup>rd</sup> Annual International Conf. of the IEEE Engineering in Medicine and Biology Society, Oct. 25-28, 2001. Istanbul, Turkey. [www.ieee.org](http://www.ieee.org).
- ACEW 2001, Istanbul, Turkey, Oct. 21-23, 2001. Istanbul, Turkey. Contact Joe Dyro at [dyro@alum.mit.edu](mailto:dyro@alum.mit.edu).

# HELP!

**The ACCE Board of Directors Needs You!!**



How would you or someone you know like to earn a cool \$2700 per year plus expenses assisting the wonderful organization of ACCE with general secretariat duties?

If you are interested or would like more details please contact Jennifer C. Ott, ACCE President at (314) 577-8018 or via e-mail at [Jennifer.ott@tenetstl.com](mailto:Jennifer.ott@tenetstl.com)