

ACCE News

Newsletter of the
American College of Clinical Engineering

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ACCE Meetings and Events and HIMSS 2006 Annual Conference & Exhibition

I would like to take a moment and provide you with the schedule of ACCE meetings and events at the Healthcare Information and Management Systems Society (HIMSS) 2006 Annual Conference and Exhibition in San Diego, California on February 11-16, 2006. The conference and the exhibition will take place at the San Diego Convention Center. ACCE once again is one of the co-sponsoring organizations and has a wide range of activities planned throughout the conference.

The ACCE activities will start with the *ACCE Reception and Meeting for Members and Friends* which will be held on Saturday evening, February 11 at 6 pm at the Gregory AB Room, Hyatt San Diego Hotel. The event will start with a reception and will serve as a great avenue for ACCE to network with our HIMSS colleagues and other invited guests. The reception will be followed by a meeting providing an overview of ACCE, its activities and professional partnerships. The next day, February 12, ACCE

in collaboration with HIMSS is inviting you to the *Clinical Engineering and IT Leadership Forum* from 8 am to 2:30 pm at the Marriott San Diego Hotel and Marina. The program is designed to foster the collaboration between clinical engineers and IT professionals and will commence with a keynote address with focus on the *Healthcare Partnership – Increasing Communications among Professionals* by Admiral Carol Romano, RN, PhD. Please register for the event on the HIMSS website, www.himss.org.

ACCE is also happy to show off its diverse informational brochures, latest happenings in ACCE and more at the ACCE booth #8904 in Ballroom 20 Lobby at the convention center. On the main exhibit floor, ACCE joins other professionals in exhibiting the Integrating Healthcare Enterprise (IHE) Domain for Patient Care Devices (PCD) initiatives at the *Interoperability Kiosk* and with a presentation in the showcase theater. ACCE and

HIMSS once again are partnering on the traditional 7 am breakfast meeting on Wednesday, February 15. The meeting will feature the latest in medical technology interoperability and medical device security endeavors, emphasizing the working relationship between the two organizations. Following the early morning breakfast meeting, please join us at the ACCE sponsored educational session on *Managing Clinical Technology Issues in IT* featuring our very own Past President, Ray Zambuto.

Please take a moment to review the HIMSS 2006 conference schedule highlighting the highly stimulating clinical engineering sessions with a direct link at <http://www.himss06.org/tracks.asp?trackID=46&trackDesc=Clinical%20Engineering>.

I hope you will come to San Diego to celebrate ACCE and attend the HIMSS conference.

- Izabella Gieras

igieras@beaumontservice.com

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It's That Time Of The Year, Again!

Membership Renewals Forms will be coming in the near future. They will be sent to the preferred address in the database. If your address has changed, or is not on file, please contact me (secretariat@ACCEnet.org) so that I can make sure you receive the mailing. If you have any questions please let me know. Warmest wishes for a Happy and Healthy New Year. - Al Levenson

IT Topics of Interest— Your Ideas Wanted

Based on suggestions from the biomedical engineering community, the 24x7 magazine is adding a monthly IT column. 24x7 is seeking feedback as to what content would most benefit the readers of 24x7. What are the things biomed are being asked to learn in this area? What topics would be of interest to CE's, BMET's, etc.

If you have any thoughts on interesting IT topics or would be interested in writing a column, please contact Julie Kirst at jkirst@ascendmedia.com.

Members on the Move

Barbara Maguire joined American Medical Link of New Jersey (bmaguire@amedlink.com)

Stephen Grimes joins Vanderbilt University Medical Center in Nashville, TN as their Director of Clinical Engineering Services (s.grimes@vanderbilt.edu)

"The FDA Medical Device Industry Coalition ([FMDIC](http://www.fmdic.org)) will hold their next FDA co-sponsored **Educational Forum** on April 28, 2006, in Dallas. It will cover topics from the FDA Quality System Regulation (QSR) such as risk management, corrective and preventive actions (CAPA), and training requirements.

For more information, go to:

http://www.fmdic.org/events/risk_capa_training/index.htm

Or to register:

http://www.fmdic.org/events/risk_capa_training/registration.htm

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

ACCE Certification—What You Need to Know

- 1) The next CCE exam will be in June 2006.
- 2) The written exam will be given in several cities around the US.
- 3) For an extra fee, the written exam can be given in almost any city in the US or in almost any major city in the world.
- 4) Applications are being accepted now for the June 2006 exam. Please include references and transcripts with the application.
- 5) The handbook that describes the process and the application which needs to be completed can be found on the website www.accenet.org/certification/ or www.acce-htf.org/certificaton
- 6) The study guide has been recommended by several who recently passed the CCE exam and became certified. Walter Burdett of the VA Medical Center in Syracuse, NY said "The Study Guide was an excellent fit to the style, vocabulary, content and level of difficulty of the written exam. The bibliography was very useful."

ACCE News

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Manager Jim Keller
jkeller@ecri.org
(610)825-6000

Circulation Alan Levenson
secretariat@accenet.org

Editors Ted Cohen
theodore.cohen@ucdmc.ucdavis.edu

Advertising Atanas Manev
Atanas.M.Manev@kp.org

Address

Melissa Burns
mburns02@yahoo.com

Corrections Al Levenson
ACCE Secretariat
Secretariat@ACCEnet.org

Patient Safety Summit Held in London

It was a unique event at a special place, global patient safety issues in London, UK, during the December holidays season. This Patient Summit was held at the QE II conference center situated between Big Ben, the House of Parliament and the Westminster Abbey and provided history and formality to this gathering of over 500 experts from 54 countries. It is during this time of year, when everything illuminated to help bring up feelings of collaboration that at other times may fade into the background—and collaborate we did. The group announced the initiation of the World Alliance for Patient Safety under the auspices of World Health Organization (WHO). It was Andrei Issakov who deserves the credit for recommending including technology management in the program, and so I did.

The opportunity to tell the clinical engineering story was grabbed and the audience was educated. I delivered our specialty's conviction to the participants of the 2005 Summit on Patient Safety. For three days at the end of November beginning of December 2005, policy and decision makers from various healthcare delivery systems from around the world convened at the QE II conference and deliberated on how the world can have safer healthcare delivery services. Every level of the healthcare delivery system was represented, included family members of patients who suffered fatal or bad out-



The young people - the 54 countries participating in this program were represented by Children of the World choir.

comes due to errors committed during their care. Each of the representatives had an opportunity to tell their story and to demonstrate what role they can play and how would they contribute to the process of providing a safer patient care system.

From government officials to patient's families and from regulators and researchers to care givers everyone had a convincing story about why they need to be seated at the action table. The illumination, however, came on the second day of the meeting when the role of Clinical Engineering profession and the certification topic were introduced by professor Joachim Nagel, President of IFMBE (www.ifmbe.org), and the intensity of the illumination was increased several folds when Dr. Yadin David, President Healthcare Technology Foundation (www.acce-atf.org), described the phases of the healthcare technology life cycle and the role that technology management and skilled clinical engineers carry in providing safe healthcare environment. It was the Summit president, Sir Laim Donaldson, who simply summarized the impact of these presentations: "until today I never knew about clinical engineers." Time will tell, however, judged by the comments received and the dynamic Q&A session that fol-

lowed the presentations our profession could not expect a more coordinated and effective presentations.

The publication by the Institute of Medicine "To Err is Human" was frequently referenced by many including, Dr. Carolyn Clancy, Director Agency for Healthcare Research and Quality and Manfred Langenegger, Head of Quality Improvement at the Swiss Federal Office of Public health, as well as Professor Lucian Leape from Harvard School of Public Policy and the Rt. Hon. Patricia Hewitt, M.P. Secretary of State for Health, England. They also heard that it is about time that clinical engineers should be seated at the policy making table. In addition, Dr. Andrei Issakov, Coordinator, WHO Health Technology and Education Planning, Dept. of Health System Policies and Operations, conducted an interactive survey during one of the workshops that further highlighted the critical role that technology management plays in the provision of safe healthcare system.

It was a bold and productive conference where the objective was on developing action plans rather than on having another "talking" meeting. Sir Liam Donaldson, Chief Medical Officer, England and Chairman WHO World Alliance for Patient Safety pre-

(Continued on page 9)



Yadin David addressing the World Congress on Patient safety Summit general assembly.

President's Message: Highlights of ACCE's Operational Strategies

Happy New Year to you and your loved ones!

I am delighted to, once again, welcome in another year with my ACCE family. In the November/December 2005 ACCE News I presented you with an overview of ACCE's undertakings in 2005 on the national and international level. In this issue I would like to highlight our organization's operational strategies reflected in the 2005 financial summary prepared for you by the ACCE Treasurer, Joe Skochdopole.

American College of Clinical Engineering Calendar Year 2005 Financial Information

Balance Sheet as of 12-31-2005		
Assets-Cash	\$	80,001
Liabilities		
Prepaid memberships	\$	580
Foundation	\$	1,315
Equity		
Retained Earnings	\$	92,401
Net Income for 2006	\$	(14,295)

Income Statement Jan 2005-Dec 2005		
Revenue		
Teleconference	\$	27,670
Membership	\$	10,510
HIPAA Guidebook	\$	16,630
Other Revenue	\$	14,447
Total Revenue	\$	69,257
Expenses		
Annual Meeting	\$	10,036
Teleconference	\$	6,447
Secretariat	\$	13,679
IHE	\$	18,924
Other Expenses	\$	34,466
Total Expenses	\$	83,552
Net Profit	\$	(14,295)

ACCE's strong vision and the desire to be a leader in the clinical engineering community facilitated successful enhancements and expansions of the organization's activities in 2005. The ACCE Strategic Development Committee was charged with many tasks. However one of the most important ones was to focus on the necessary resources needed to accommodate for the organization's continued growth. To meet the growing needs of the organization and the evolu-

tion of the clinical engineering profession, ACCE expanded its secretariat activities towards the end of 2004. The ACCE Secretariat now supports various administrative and clerical services to the ACCE Board of Directors, Committee chairs and its members as well as the AHTF and the Clinical Engineering Certification Program.

Taking your valuable feedback from the annual membership surveys, the ACCE Board of Directors established a Website Task Force which led to the development of the new and improved ACCE website (www.accenet.org). The team continues to work on enhancing the content and the ability to easily navigate the website with future online new member application and renewal processing as well as employment opportunities.

ACCE's appointment as the sponsor of the IHE Domain for Patient Care Devices (PCD) required initial capital investment. The initiative started with a formation meeting, hosted by the ACCE towards the end of 2005 bringing together medical device experts, clinicians, information technology leaders, and clinical engineers to participate in the shaping of the medical device industry. Please note 2005 was just the beginning of what will be one of the memorable undertakings by our organization.

The Clinical Engineering Certification Program continues to be a huge success. ACCE supported the program last year with numerous marketing efforts in different professional journals and also just recently released the new Body of Knowledge (BOK) survey. In 2006, ACCE plans to strengthen the certification promotion in the form of advertising and training courses. The existing certification study guide will be revised based on the results from the BOK survey and will be available through ACCE. Please take a look at the additional information and registration form for the upcoming CCE Review



Izabella Gieras is a Clinical Engineer with Beaumont Hospitals in the Greater Detroit, MI area and President of ACCE

Course to be offered in June.

In the last quarter of 2005, ACCE provided financial support to the GAME (Global Assistance for Medical Equipment) initiative. This global endeavor to address health technology needs of developing countries recently completed a pilot program in Kosovo and plans to expand to Latin America and Africa in 2006. ACCE is one of the representatives on the GAME workgroup.

The organization's revenue for last year was mainly composed of a highly educational teleconference series, the HIPAA Compliance Guidebook, ACEWs and the membership dues. The Strategic Development Committee will continue its activities throughout 2006 to pave the path for new ventures within ACCE. Professional partnerships are very important to ACCE and have been visible through the joint ventures with HIMSS and AAMI at the respective organizations' annual conferences last year. The new year brings new ideas and opportunities to further promote professional partnerships and our organization. The ACCE will be featured in one of the chapters of the Encyclopedia of

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Clinical Engineers Involved in Device Problem Reporting Workshop in Saudi Arabia

The 1st Workshop in Medical Devices Problem Reporting in Healthcare Facilities for Saudi Arabia was held on November 29-30, 2005. The key sponsor was the Saudi Arabian Food and Drug Authority (SFDA) with support of the World Bank. Prof Mohamad Alkanhal, Act Exec President, SFDA, was opening speaker, and Dr. Saleh Al-Tayyar, Director General, MDS-SFDA coordinated the overall conference and was a primary speaker. Dr. Michael Cheng, Medical Device Specialist with the World Bank Missions arranged the international speakers, provided moderation during the conference and also made presentations. Speakers from the United States included clinical engineer Marvin Shepherd, PE, FACCE, and Joel Nobel, MD, President Emeritus, ECRI. Clinical engineer Malek El-Husseini, PE, Director of ECRI Middle East Operations, UAE presented as did Alan Kent, biomedical Engineer, Former Medical Devices Agency Chief, UK, and Biomedical Engineer, Leo de Kryger, Senior Technologist at Ottawa Hospital, Canada. Dr. Ekkehard Stosslein, Deputy Head MD & Head of active MD Department, Germany, also presented.

Since the SFDA was in the process of establishing regulations related to post-market surveillance and problem reporting of medical devices, speakers were asked to present information as to how problem reporting was being implemented in other countries. In addition, the SFDA wished the audience to participate in formulating the new regulations. The audience was composed of 80-90 persons from Saudi Arabian healthcare facilities located in the capital city, Riyadh, and other nearby communities. As the workshop progressed, we found that numerous

clinical engineers were in attendance.

On the second day, the workshop broke into focus groups with 9-10 focus groups being identified and about 9 persons per focus group. The purpose was for the focus groups to identify specific topics to be included in the regulations. That is, with recommendations, and, specifically, what did the focus group think should be the interactive roles of the SFDA, the healthcare facilities and manufacturers? Over 30 recommendations were made and summarized. A proceeding that includes the speaker presentations and the focus group recommendations is expected to be published by the SFDA, in the near future.

Biomedical Engineering Club in Riyadh

During our short stay of two days, we met numerous clinical engineers during the workshop and at lunch and dinner. It was here that we learned that a Biomedical Engineering Club exists in Riyadh (ARBEC) with about 80-100 members. It was founded about 10 years ago after an interna-

tional Clinical Engineering meeting occurred in Riyadh. One of the co-founders was Mahmoud Madani, (Madani is an ACCE certified clinical engineer). The Biomedical Engineering Club is presently attempting to receive the formal recognition of the Kingdom of Saudi Arabia as a Clinical Engineering association.

I discussed clinical engineering with the Vice President of the "Club," Ahmed Al-thumairi. (Ahmed is also Head of the Clinical Engineering Department at King Faisal Specialist Hospital & Research Ctr.) Ahmed indicated a strong interest in their club associating with the ACCE certification process as well as matching clinical engineers in SA with engineers with similar interests in the US. Anyone wishing to make contact with Ahmed, please e-mail him at thumairi@kfshrc.edu.sa. You can also visit the ARBEC website at <http://www.kfshrc.edu.sa/biomed/html/arbec.html>.

- Marvin Shepherd, PE, FACCE
marvins523@astound.net



View from the Penalty Box: GET INVOLVED

One of my sons has a twisted sense of humor— I don't know where he got that from— and recently sent me a bunch of "Bits of Words of Wisdom." One of these bits fits the ACCE more than we would like to think it does. It is "Even if you are on the right track you will get run over if you just sit there." Take a few seconds and think about those few words and our profession.

Our mission statement was generated over the years by members of ACCE but not something looked at by all, or for that matter many, on a regular basis. Look at our goals and think how YOU can help yourself and all College members to reach these goals.

- To establish a standard of competence and to promote excellence in clinical engineering practice.
- To promote safe and effective application of science and technology to patient care
- To define the body of knowledge on which the profession is based
- To represent the professional interests of clinical engineers.

This is almost like a political platform, something for everyone but short on specifics. In 2006 we need to get much more specific on what are targets, not goals, are and what to do to hit those targets. I am a believer that to reach a goal you need a series of targets that can be achieved leading to that goal. We have done great in the International training arena; we have done great work with HIMSS, see stories in this issue, but far too little on getting out to the general public what a clinical engineer is and why we are important to healthcare. When you see a mention of clinical engineering impacting healthcare please share it with your colleagues, even if it in your hospital newsletter, send it in to our web site so others can share the story and learn from what was accomplished. **GET INVOLVED**

Almost a year ago the Advocacy Committee asked for volunteers to sit on FDA advisory panels, only three members responded to that request. With over 20 openings on the various advisory panels ACCE could bring a major knowledge base to healthcare regulation. Please think about offering you name up for nomination, while you are a volunteer the position is paid and travel expenses covered. There are only one or two meetings a year. **GET INVOLVED**

The Advocacy Committee has taken on the task of sending out newsletters to various journals and associations in an effort to keep them up to date on what we are doing. We are starting to get some mentions but we need more press. Other committees are working on the "Body of Knowledge"; hopefully you completed the survey and submitted it on your areas of expertise and training. There are committees still looking for "working members" so please consider volunteering.

We have all heard of the 80/20 rule, when it comes to wealth and work but many have not heard of C. Northgate Parkinson's laws of life. One of his most quoted laws over the years is "Work will expand to fill the time allotted to the task". We probably spend 80% of our time doing things of little or no value because those tasks are part of our legacy of work and not currently of value. While we spend 20% of our time doing tasks that provides 80% of our value to our employers and families. In a recent article a researcher looked at all the published data on several topics and arrived at the conclusion that researchers and funding agencies do not read what has been published. The classic one was that 62 research projects were funded to determine if sleeping a baby on its back cut down the incidents of SIDS. From the first study in the 1960's to the last study in 2003 all came to the same conclusion, back sleeping cut down on

SIDS. The real kicker in the article was the statement that most research reports did not include references to most of the previous research. Hopefully GOOGLE will change how we find information that we need and allow us to stop re-inventing everything and truly move forward. The classic case of doing repeated tasks with little value is the every popular electrical safety test. How many problems have you ever found or heard of being found doing electrical safety testing that were not evident in some other way. In 40 plus years my count is 1 and that occurred in 1977. To paraphrase a TV commercial "What is your count?"

As a nation we are getting close to going broke on healthcare costs. If the "researchers/lobbyists" are right we spend over 15% of our gross domestic product on healthcare, 50% more than other countries but we still have major problems with access, life expectancy, infant mortality and overall morbidity. Clinical engineering needs to step out of the shadows and become vocal on what can be done to make healthcare more accessible, less costly while maintaining high quality standards.

In closing I will leave you with another of Parkinson's Laws "Expenditures will always rise to exceed income".

Remember **GET INVOLVED**

- Dave Harrington

dharrington@techmed.com



Progress of Clinical Engineering in China

The First Annual Meeting of Clinical Medical Engineering Society of Shanghai Medical Association and the International Forum on Safety and Quality Control of Medical Devices was held in Shanghai, China, from October 20 to 21, 2005. This event was organized by the Medical Engineering Society of the Chinese Medical Association, Clinical Medical Engineering Society of Shanghai Medical Association, and Shanghai Technology Convention and Exhibition Co. Ltd. It was also supported by the regional medical engineering societies from the city of Shanghai and the provinces of Jiangsu, Zhejiang and Shandong.

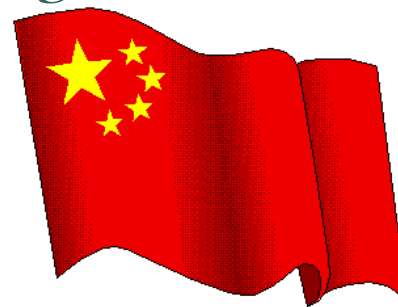
About 200 participants, mostly from Eastern China, were present, including leading clinical engineers from major hospitals such as Zhou Dan, Beijing PLA General Hospital; Li Bin, Shanghai No. 6 People's Hospital; Yao Yidan, Nanjing Military Region Logistic Dept.; Ge Yi, Shanghai ChangZheng Hospital; Ma Qiaoyun, Shanghai Yangpu Hospital; Zhang Lifang, Shanghai No. 1 People's Hospital; and Qian Jianguo, Shanghai Fudang University HuaShan Hospital. Among the participants were also two ACCE members (Professor Chen Wang from Shanghai JiaoTong University Medical School, and Binseng Wang from ARAMARK CTS).

Over 20 presentations were made by Chinese clinical engineers and four keynotes were presented by foreign guests from Canada, Germany, Taiwan and USA (Kelly Kobe, Wilfried von Eiff, Y.C. Chuang, and Binseng Wang, respectively). On the afternoon of the second day, two panel discussions were held. The first one was on Effective Management and Safe Use, while the second

focused on Technology and Maintenance.

Several major equipment manufacturers were present with exhibits, such as (in alphabetic order) Draeger, Fluke Biomedical, Johnson & Johnson, Olympus, Philips, Siemens, and Tyco. Major corporate contributions were made in the form of speakers from their companies as well as financial support for keynote speakers.

I was truly impressed by both quantity and quality of the papers presented. Ten years has past since I first met the Chinese CE (Clinical Engineering) pioneers while teaching at the Advanced Clinical Engineering Workshop held in Beijing at the PLA General Hospital. It is evident that since then CE has evolved by leaps and bounds. I was told most hospitals now have a CE team managing the planning and acquisition in addition to maintenance of medical equipment. Although a large portion of maintenance of high-end equipment is still contracted out to manufacturers and their distributors, many CE departments are starting to perform preventive and corrective maintenance themselves. Their challenges are similar to those found in other countries such as lack of training, difficulties in securing service documentation and parts, and too few competitive second sources of labor and parts. While there are no formal requirements for hospitals to perform preventive maintenance and



periodic safety and performance inspections, many are starting to do them as they realize their beneficial impact on equipment availability and patient safety.

I am confident that CE will have great opportunities for growth in China. In addition to the sheer size of the population and its rapid economic improvement, the need for clinical engineering was exacerbated by overenthusiastic acquisition of sophisticated equipment in the last decade. Now the Chinese hospitals have started to realize the "iceberg" concept of equipment incorporation, i.e., the use and maintenance costs of equipment far exceed those of their initial purchase. Without the assistance of good CE staff, it will be difficult for Chinese hospitals to keep providing good health services within the limited budgets they have. Fortunately, Chinese clinical engineers are known for their creativity and hardworking ethics. It will be very interesting to learn the solutions they find for themselves.

- Binseng Wang

binseng@alum.mit.edu

AAMI2006

CONFERENCE & EXPO

Association for the
Advancement of
Medical Instrumentation

June 24-26, 2006 | Washington, DC



Perspectives from ECRI: PCA Infusion Pumps

ECRI recently completed a comparative evaluation of patient-controlled analgesia (PCA) infusion pumps. This is a wonderful technology that can provide patients with the power to manage their pain much better and more comfortably than having to rely on a caregiver for pain control. However, because these devices are used to deliver strong narcotics, they can have serious risks. The most notable hazard with PCA use is overmedication leading to narcotic-induced respiratory depression, which is typically caused by some type of programming error. ECRI decided to evaluate this technology because of some new features being offered by manufacturers to minimize errors related to pump misprogramming.

The new PCA pump error-reduction features include integrated bar-code readers, dose error reduction systems, and computer-based pump programming. Bar-code readers allow clinicians to populate a pump's settings by scanning a drug vial's bar code rather than manually entering the information into the pump. Dose error reduction

systems, which were first built into general purpose infusion pumps, use pump-based software to check programmed doses against preset limits that are downloaded from a pump library. Computer-based pump programming software allows a clinician to download preset dosing protocols from a computer to a pump via a wired connection. Pump programming software and dose error reduction systems are designed to alert clinicians to incorrect dose settings and consequently prevent programming errors.

ECRI's evaluation covered eleven different model pumps from seven different manufacturers. Six models were evaluated for the first time and five models were updated from previous ECRI evaluations. We assessed how well the pumps implemented the new error-reduction features, their human factors features, overall performance, and general safety features. We found significant differences between the pumps such that two models were rated Preferred, two Acceptable, and seven Not Recommended. ECRI's report includes a de-

tailed technology overview highlighting key features of this technology and important safety issues. It also includes ECRI's testing protocol for the evaluation, detailed profiles of the six newly evaluated products, and a conclusion section highlighting the ratings and strengths and weaknesses for all eleven models.

ECRI designed its PCA pump evaluation to be a comprehensive resource for clinical engineers and other hospital personnel involved with the use and procurement of this technology. We encourage hospitals to use our information as a guide for selection of this technology. We are also interested in hospitals' feedback on their experiences with the products we evaluated. This information may be used to assist with future updates to our evaluation. Feel free to contact me if you (or your colleagues) have questions about ECRI's PCA pump evaluation or would like to discuss your experiences with the PCA pumps we evaluated. I can be reached at (610) 825-6000, ext. 5279. The evaluation was published in the January 2006 issue of ECRI's *Health Devices* journal. Members of ECRI's SELECTPlus and Health Devices programs can view this issue online at www.ecri.org.

- Jim Keller

jkeller@ecri.org



Jim Keller is ECRI's Vice President for Health Technology Evaluation and Safety and a member of ACCE's Board.

President's Message continued

(Continued from page 4)

Biomedical Engineering to be published by John Wiley & Sons, Ltd. in the second quarter of 2006. I am working with the ACCE Board of Directors and the committee chairs to develop organizational goals for 2006. I will share them with you in the next issue of the *ACCE News*, providing you with an outlook on ACCE in 2006.

I would also like to take a moment and remind you of the upcoming HIMSS 2006 Annual Conference and Exhibition this February in San Diego, California. For the first time at HIMSS, ACCE will be holding the *ACCE Reception and Meeting for Members and Friends* where you can network with your fellow ACCE members and HIMSS representatives and other invited guests. The professional partnership between ACCE and HIMSS will also be visible

through the *Clinical Engineering and IT Leadership Forum* highlighting the relationship between clinical engineers and IT professionals and their impact on the healthcare environment. Please read more on the remaining ACCE meetings and events in the HIMSS 2006 summary included in this newsletter.

Thank you for staying with ACCE as you renew your membership for 2006. As we prepare for another successful year, we need your help. Please consider participating in any of the diverse ACCE activities as you complete the forthcoming ACCE membership survey or simply contact me or the ACCE Secretariat to let us know of your interest. I look forward to hearing from you.

Have a great 2006!

- Izabella Gieras

igieras@beaumontservices.com

Highlights from the December ACCE Board Meeting

The last Board meeting of 2005 provided several exciting updates on many of the ACCE activities.

Izabella Gieras started off the meeting with an update on the upcoming ACCE-sponsored Clinical Engineering Symposium at AAMI 2006. She reported that the symposium committee finalized the abstracts and objectives for the event and that they will now focus on securing speakers within the Systems and Clinical Engineering fields.

The International Committee reported that Ethiopia ACEW was cancelled due to local events in Addis Ababa, but the workshop is rescheduled for the end of January. The Infratech contract is almost complete and will include a link with the web-based International HTM Centre.

Izabella also reported that Antonio Hernandez was awarded with an "Honorable Mention" by the Columbian Senate for his contribution to the development of Clinical Engineering in Columbia. The award ceremony was held at the II Colombian Congress on Bioengineering and Biomedical Engineering and the 16th Meeting of Latin American Regional Council on Biomedical Engineering (Argentina, Brazil, Chile, Colombia, Costa Rica, Cuba, Mexico, Peru, and Venezuela) held in Bogotá, Colombia, October 27-28, 2005.

The Bilingual Pan American Healthcare Engineering Conference and ACCE co-sponsored Clinical/Hospital Engineering Workshop will be in Long Beach, CA from January 30th to February 6th. Frank Painter coordinated the event.

ACCE has many scheduled activities at HIMSS 2006 this year. HIMSS 2006 is in San Diego, CA from February 12-16. ACCE will host several activities including a reception and meeting for members and friends on February 11, a Clinical Engineering and IT Leadership forum on Sunday, February 12, and a breakfast meeting on

Wednesday, February 15. ACCE will also have a dedicated booth on the exhibition floor and will sponsor an interoperability kiosk.

The Board was approached by Arif Subhan from Masterplan with a proposal for a CCE Review Program at AAMI 2006. Arif sought ACCE's support for this program, which will be held in parallel with AAMI and not a part of the official AAMI program and the Board unanimously approved to move forward with this event. An ad-hoc committee was formed and meets regularly to finalize the details for this event. Registration and information materials will be posted on the ACCE website in mid-January.

The Advocacy committee submitted a call for nominations to the ACCE membership which were due on January 15, 2006. The committee will review the nomination submissions and prepare a list of awardees for the ACCE Board meeting in April. The committee is also actively seeking out ideas for National Engineer's Week in February.

The Professional Practice Committee is collecting comments for the four proposed guidelines that were submitted for review. The committee will review the comments and make changes as appropriate.

The Body of Knowledge survey was distributed to the ACCE membership in mid-December and will collect responses until the first week of January.

Steve Grimes reported that the FDA User Group Meeting held on December 12 and 13 was a great opportunity to bring international representatives from the regulatory, manufacturing, and user groups to discuss the issues surrounding networked medical devices. Steve, Todd Cooper, and I attended as ACCE representatives and shared experiences as clinical engineers and members of various standards or interoperability projects like MD PnP and the IHE Patient Care Devices Domain initiatives.

Ray Zambuto reported that the IHE Patient Care Devices Domain committees meet regularly and are forming the Use Cases that could be used in future connect-a-thons.

I reported that the membership survey is being prepared and will be distributed to membership in late February. The purpose of this survey is to provide the ACCE membership with an opportunity to provide feedback to the leadership, volunteer for ACCE activities, and suggest improvements for the organization.

Joe Skochdopole presented the quarterly financial statements for the Board to review. We also began discussions on preparing ACCE's budget for 2006.

The Board concluded the meeting by noting all of the current activities and accomplishments of all the ACCE members and we are looking forward to an exciting 2006!

- Jennifer Leigh Jackson
jljackson@partners.org

Patient Safety Summit

(Continued from page 3)

sented the draft on Global Patient Safety Initiative and I would like to encourage you to read it and provide me with your comments on how this draft document should be changed so it clearly addresses the role of technology management in providing safer patient environment: http://www.who.int/patientsafety/events/05/patient_safety_summit/en/index.html

A unique and global opportunity was created in London, UK, and you need to consider if the passion of the season gives you incentive to join the process and help light the path to global clinical engineering operation. I wait on your inputs. Please consider completing this task in the next 30 days.

- Yadin David
ybdavid@texaschildrenshospital.org

UConn Clinical Engineering Program Continues to Thrive

The University of Connecticut's MS BME program is graduating 5-8 Clinical engineers each year. These students each work part time in one of eight clinical engineering departments that sponsor CE interns. The students spend two years in a CE department learning CE skills including how to manage technology in a healthcare institution. In addition to the internship the students take eight graduate level courses, four of which focus on clinical engineering subjects. They also write a masters thesis prior to graduation.

- Frank Painter

frpainter@earthlink.net



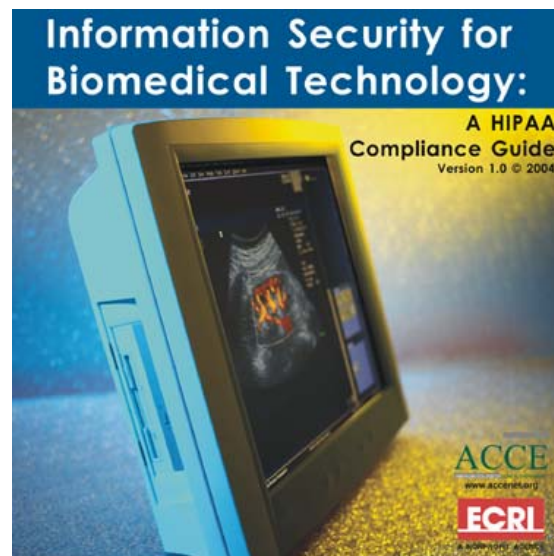
ACCE and ECRI publish new HIPAA CD-ROM \$200 discount for ACCE members!

Information Security for Biomedical Technology: A HIPAA Compliance Guide is a must-have tool for any healthcare facility's data security program. The CD-ROM emphasizes best practices and contains an extensive overview of the HIPAA Security Rule, reviews necessary compliance measures for medical technology, and provides recommendations for implementing the rules with specific medical technology-related examples.

"The HIPAA Compliance Guide will help healthcare organizations identify and address information security issues," says James P. Keller, M.S., director of ECRI's Health Devices Group. "It includes valuable tools and resources, including downloadable forms, customizable worksheets, checklists for inventorying and analyzing risks, tools for setting priorities and implementing a mitigation plan, and much more."

"Time is running out for organizations to comply with the security requirements of HIPAA," says Stephen L. Grimes, FACCE, chair of the ACCE HIPAA Task Force. "This guide can help organizations save precious time and money because a majority of the hard work has already been done and is included in the CD-ROM."

To order, call ECRI at +1 (610) 825-6000, ext. 5891, or visit www.ecri.org or www.accenet.org for more information.



ACCE Members Prepare for Joint Clinical Engineering Workshops

ACCE Members are actively involved in spreading the latest in Clinical Engineering knowledge and know-how to interested parties around the world. The ACCE/CMIA (California Medical Instrumentation Association) joint clinical engineering workshop will take place in Long Beach, CA January 30-31st. This bilingual conference will present topics ranging from technology planning, procurement, and installation, to patient safety, risk management, and financial management topics. The workshop will be lead by Arif Subhan with faculty assistance from Malcolm Ridgeway, Marvin Shepherd, and Marcia Wylie. Typical audiences

for these events include Clinical Engineers, Clinical Engineering Directors, Hospital Engineers, and others interested in learning more about how Clinical Engineering is done in the US. For more information on this exciting event, check the web at <http://www.pahce.acsup.org>.

The workshop tour continues with Buenos Aries, Argentina in April, Capetown, South Africa in May, and Seoul, South Korea in September. All events are organized by ACCE and use ACCE faculty. They are sponsored either by PAHO, WHO or ORBIS.

Always be mindful of the wonder-

ful activities your support of ACCE make possible. Get involved, and thank your fellow members for sharing valuable information with counterparts around the globe!



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ACCE Clinical Engineering Certification Study Guide

The American College of Clinical Engineering has completed a Study Guide for the Clinical Engineering Certification examination offered by the Healthcare Technology Certification Commission established under the ACCE Healthcare Technology Foundation. The Study Guide is available through ACCE for \$30. To order a copy of the Guide, please make out a check payable to ACCE and send to:

Alan Levenson, ACCE Secretariat
5200 Butler Pike
Plymouth Meeting, PA 19462

Or e-mail Secretariat@ACCENet.org and include credit card information (name on card, type of card, card number, and expiration date). Applications are now being accepted for the **June 2006** exam. Applications and the applicant handbook can be found at www.ACCEnet.org/certification.

The ACCE Study Guide was written by an independent group of clinical engineers not associated with the exam process

Calendar of Events

- January 30 - February 3

Bilingual Pan American Health Care Engineering Conference and Clinical/Hospital Engineering Workshop
Long Beach - Los Angeles, CA

- February 10-12, 2006

Institute of Industrial Engineers, Society of Health Systems Annual Conference
San Diego, CA

- February 12-16, 2006

HIMSS 2006 Annual Conference & Exhibition
San Diego, CA

- February 26 -March 1, 2006

Health Facility Planning, Design & Construction (PDC)
San Diego, CA

- April 1-2, 2006

Northeast Bioengineering Conference
Easton, PA

- June 22-23, 2006

19th IEEE Symposium on Computer-Based Medical Systems
Lake City, UT

- June 24-26 2006

AAMI Annual Conference and Expo
Washington, DC

- August 31-September 3, 2006

International Conference of the IEEE Engineering in Medicine and Biology Society (EMBS)
New York, NY

ACCE Teleconference Series:

Stay tuned for the 2006 ACCE Educational Teleconference series. More information will be available in early 2006.



Newsletter of the American College of Clinical Engineering

ACCE Healthcare Technology
Foundation (AHTF)

We're on the Web!

<http://www.accenet.org>



CCE REVIEW COURSE

June 25, 2006

Washington, DC

ACCE is holding a "CCE Review Course" to help clinical engineers who are interested in taking CCE examination offered by the Healthcare Technology Certification Commission. This course is designed and presented by a group of experienced clinical engineers. It will provide you with an overview of the certification topics, help you identify areas in which you need further review and help you prepare for the CCE examination. The topics covered in the course include Management (Overall CE Program Management, Financial & Service Contract Management, Technical Supervision, CMMS), Technology Assessment, Regulatory/QA Issues, Risk Management/Safety, Education, Product Development, Repair/Systems Thinking, and other Clinical Engineering topics.

Faculty:

Matthew F. Baretich, PhD, PE, CCE
President
Baretich Engineering, Inc.
Fort Collins, CO

Ted Cohen, MS, CCE
Manager, Clinical Engineering
University of California Davis Health System
Sacramento, CA

Jennifer Leigh Jackson, BS, MBA, CCE
Assistant Director, Biomedical Engineering
Brigham and Women's Hospital
Boston, MA

David Harrington, PhD
Director, Staff Development & Training
Technology in Medicine
Holliston, MA

Malcolm Ridgway, PhD, CCE
Senior Vice President, Technology Management
Masterplan, Chatsworth, CA

Paul Sherman, CCE
Biomedical Engineer
VA Center for Engineering & Occupational Safety and Health
St. Louis, MO

Michael Soltys, MS, CCE
Director Corporate Clinical Engineering
University of Pennsylvania Health System
Philadelphia, PA

Arif Subhan, MS, CCE **(Course Coordinator)**
Senior Clinical Engineer
Masterplan, Chatsworth, CA

James P. Welch, CCE
Masimo Corporation
Irvine, CA

Date and Time: June 25, 2006, 1:00 pm to 5:30 pm

Location: Hotel (TBA), Washington, DC

Please register me for the "CCE Review Course."

Full Name: _____
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Course Fee:

ACCE member	\$150.00
Non-member*	\$195.00

*Special ACCE Membership Offer – Attend the course and receive ACCE Membership at 25% discount. You need to qualify for ACCE membership and complete the application form. See the membership section at www.accenet.org for details and to download the application form.

**Fax registration form to: 317-275-5543
or**

Mail to: Joe Skochdopole
c/o TriMedx
6325 Digital Way, Suite 400
Indianapolis, IN 46278

Questions: Joe Skochdopole
Email: jaskochd@trimedx.com
Phone: 317-275-5543