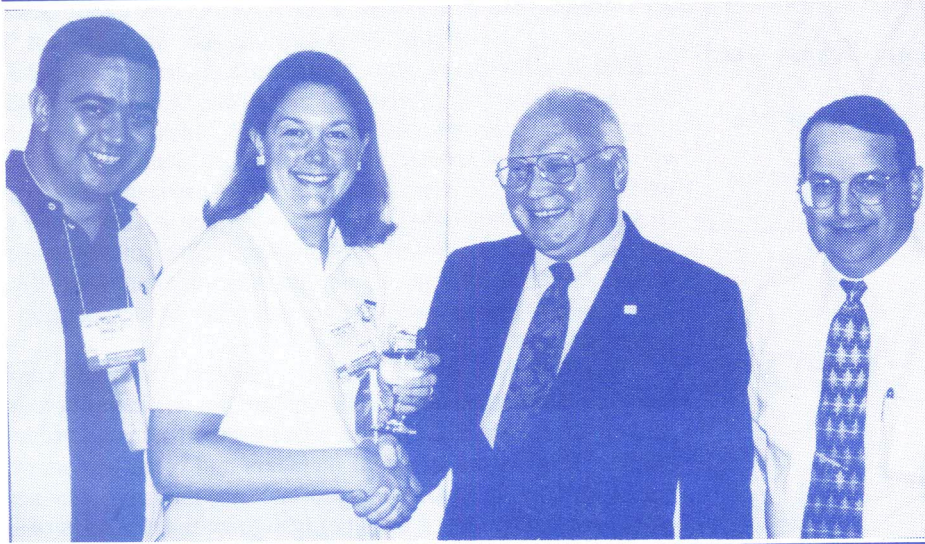


ACCE News

Vol. 9, No. 4 – July 1999



ACCE in Boston

ACCE President Bob Morris congratulates Jennifer Ott on her nomination as ACCE's next President. ACCE Board members Brian Porras (l) and Dennis Minsent (r) share the good news.

See pages 10-11

INSIDE THIS ISSUE ⇨ Workplace Profile: UC Davis p.12
⇨ Clinical Engineering & Cost Effectiveness p.4 ⇨ ACEW
Hartford p.13 ⇨ Advocacy Awards p.7 ⇨ BEACON p.14

**Second ACCE
Symposium
Clinical
Engineering
and
Information
Systems packs
the hall.**

See page 6



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.

ACCE on the Web

[http:// accenet.org](http://accenet.org)

President's Message

Robert L. Morris, PE, CCE, morris@ohsu.edu

The past year (since the AAMI Meeting in 1998) was replete with momentous events that impacted our profession. It appears that the meetings with the FCC dealing with issues of digital television and interference with medical telemetry may result in the establishment of a dedicated frequency band for medical telemetry in the USA (Keep your fingers crossed). The accomplishment is due to dedicated, proactive participation by members of ACCE and ASHE. Other countries are working on similar issues.

In meetings with the FDA concerning proposed establishment of regulations governing non-OEM medical device refurbishers, remanufacturers and maintenance providers (including in-house operations), ACCE members were among the leaders at meetings with the FDA. The FDA has, for the moment postponed any decision and appears to be leaning toward a voluntary registration approach.

Dave Francoeur succeeded in changing the policies of the College of American Pathologists with regard to mandatory schedules for testing laboratory equipment for electrical safety. I estimate this change in the CAP requirements has saved my hospital 350 technician-hours per year. Dave actually got the CAP to change over a year ago, but the real impact of the change has been in the past year.

A formal agreement was signed with Health Tech that provides registration discounts to ACCE members and strengthens Clinical Engineering programs at Health Tech meetings.

The current year already includes significant activities and events affecting the profession of Clinical Engineering. AAMI has announced that no new applications for Clinical Engineering Certification will be accepted after July 30, 1999. The AAMI Board will meet in November to determine the final fate of the CE Certification Program. Since Certification is important to the ACCE, a committee has been formed to assess the US Clinical Engineering Certification program. All identifiable Clinical Engineers, certified or not, will be contacted and surveyed to determine attitudes and opinions about CE Certification. The American CE Certification Board of Examiners and AAMI have formed a Task Force to study the same issue. To ensure minimal duplication of effort, a member of the ACCE committee is also an official member of the AAMI Task Force. I urge everyone to voice his or her opinion on this important issue.

Some BMETs have an identity problem. It would appear that there is a percentage of BMETs who are not willing to be recognized as such or are ashamed to be so recognized. This is a terrible state of affairs. BMETs are essential members and often leaders of groups responsible for the maintenance of medical devices. Any activity or group that denigrates or does not recognize the key roles of BMETs, denigrates and fragments the professional identity of all. AAMI has also recognized the peril in denying one's working identity.

Speaking of AAMI, there is a new attitude of collaboration and cooperation between ACCE and AAMI. The Clinical Engineering Symposium, held prior to the AAMI Annual Meeting, was a great success. AAMI played a significant role in that success. Already new collaborative ventures are being discussed that will build upon recent successes. It behooves all of us to work toward improving relationships with AAMI and other related professional groups.

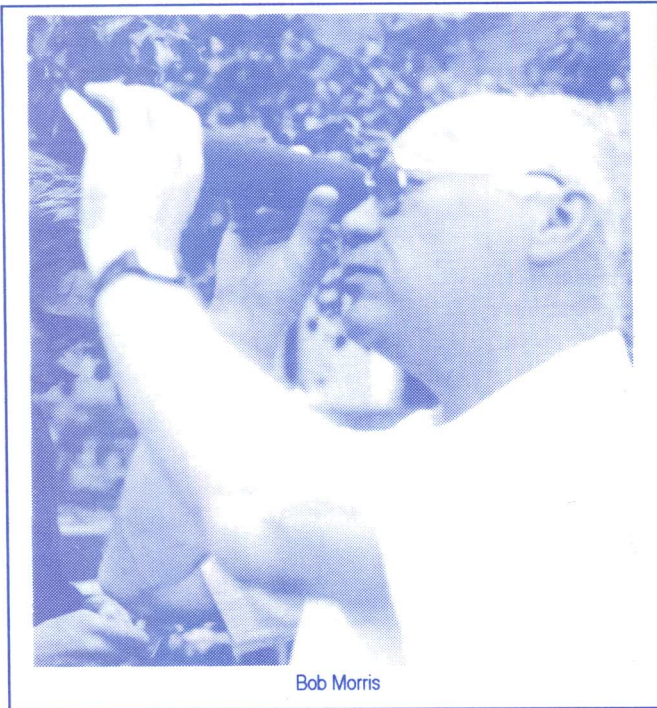
There is a new spirit of internationalism in the ACCE. The ACCE International Committee has come forth with a plan that allows ACCE members to contribute to a fund that will provide a "dues scholarship" for qualified foreign Clinical Engineers for whom the annual dues fee is beyond their means. The program has already generated funds beyond everyone's expectation.

Your ACCE is known and respected around the world. We cooperate with the World Health Organization (WHO) and the Pan American Health Organization (PAHO). The ACCE has close relations with the Clinical Engineering Association in Mexico and contact with Clinical Engineers around the world. Last year the ACCE provided faculty for an Advanced Clinical Workshop (ACEW) in Mexico City. This year the ACCE, (at the request of WHO) will provide faculty for Advanced Clinical Engineering Workshops in Moscow, Russian Federation and Cape Town, South Africa. ACEWs during the year 2000 in Chicago, the Caribbean, and Lithuania have been requested. There is always room for more qualified faculty to lecture in ACEWs held around the world. If you are interested and think you would be qualified, please send your name, *curriculum vitae* and a list of subjects you would like to teach to me.

This is my last *Message from the President*. A new slate of ACCE officers will soon be elected and you will have a new President. Thank you all for your assistance and support. Remember! Old Presidents never die. They just become Chair of the Nominating Committee and a Past President.

ACCE News

One final word. You all ARE the American College of Clinical Engineering. What the American College of Clinical Engineering accomplishes is what YOU ALL accomplish.



Bob Morris

The ACCE Board

President	Robert Morris
First Vice-President	Jeff Secunda
Second Vice-President	Brian Porras
Secretary	Jennifer C. Ott
Treasurer	Bryanne Patail
Member-at-Large	Joseph McClain
Member-at-Large	Caroline Campbell
Member-at-Large	Ken Taylor
Member-at-Large	Dennis Minsent
Past President	Frank R. Painter

Committee Chairmen

Advocacy	Thomas O'Dea
Membership	Kelly Galanopoulos
Public Affairs	Francine Reibman
ICC Liaison	Frank Painter
Nominations	Frank R. Painter
Education	James O. Wear
International	J. Sam Miller
AAMI Liaison	Yadin David

Letters

ACCE News, 21 Bob's Lane, Setauket, NY 11733
516-751-7802 fax; jfdyro@aol.com

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.

WEB TRAPPINGS

Bruce Morgan, jmorgan@ibm.net

The last issue of *ACCE News* contained addresses for sending e-mail to ACCE Officers and Board Members. Unfortunately that list contained some typographical errors.

The corrected list follows:

President	→	president@accenet.org
First Vice President	→	vicepresident1@accenet.org
Second Vice President	→	vicepresident2@accenet.org
Secretary	→	secretary@accenet.org
Treasurer	→	treasurer@accenet.org
Past President	→	pastpresident@accenet.org
Advocacy Chair	→	advocacychair@accenet.org
Education Chair	→	educationchair@accenet.org
International Chair	→	internationalchair@accenet.org
Membership Chair	→	membershipchair@accenet.org
Nominations Chair	→	nominationschair@accenet.org
Public Affairs Chair	→	publicaffairschair@accenet.org
Board Member at Large	→	memberatlarge1@accenet.org
Board Member at Large	→	memberatlarge2@accenet.org
Board Member at Large	→	memberatlarge3@accenet.org
Board Member at Large	→	memberatlarge4@accenet.org
AAMI Liaison	→	aamiliaison@accenet.org
ASHE/AIMBE Liaison	→	ashe/aimbeliaison@accenet.org
ICC Liaison	→	iccliaison@accenet.org
IFMBE Liaison	→	ifmbeliaison@accenet.org
Newsletter Editor	→	editor@accenet.org
Webmaster	→	webmaster@accenet.org

We apologize for the errors. Please notify the webmaster if there are any further problems.

ACCE News

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

ACCE News is a benefit of ACCE membership; nonmembers may subscribe for \$50. To subscribe call (516) 751-7244.

Copyright© 1999 by ACCE.

Permission to reprint will generally be granted with appropriate credit line. Contact the Editor.

Editor

Joseph F. Dyro, Ph.D., CCE
21 Bob's Lane, Setauket, NY 11733
jfdyro@aol.com; (516) 751-7244; -7802 Fax

Assistant Editors

Ted Cohen, ted.cohen@ucdmc.ucdavis.edu
Rachel Mercado, mercadro@gwpo.ynhh.com

Photography

Sam Miller, samiller@localnet.com

Advertising Manager

Caroline Campbell, cac1@mhg.edu; (202) 877-7151 (Rates and Deadlines)

Address corrections:

Jennifer C. Ott,
3635 Vista Ave at Grand Blvd.
St. Louis, MO 63110-2520
JCottSLU@aol.com; (314) 577-8018; (314) 268-5178 Fax

ACCE

5200 Butler Pike
Plymouth Meeting, PA 19462-1298
(610) 825-6067

ACCE News

International Clinical Engineering Seminar in Lima, Peru

Binseng Wang, binseng@voicenet.com

On May 26-28, 1999, an international seminar entitled *Seminario Internacional Nuevas Tecnicas de Gestion del Mantenimiento Hospitalario y Desarrollo Tecnologico del Equipamiento Biomedico* was held in Lima, Peru. EsSalud, the Peruvian government social security's healthcare delivery agency, and the Pan-American Health Organization (PAHO/WHO) organized the meeting. PAHO's Antonio Hernandez, an ACCE member, was instrumental in coordinating the international participation.

The seminar was opened by the Minister of Labor and Social Promotion, Dr. Pedro Flores. Attending were approximately 150 engineers, architects, and physicians, who are currently in charge of technology management in hospitals that belong to the public sector (i.e., EsSalud, Ministry of Health, Armed Forces, and the Police), as well as interested parties from local universities, equipment distributors, and representatives of equipment manufacturers. Invited speakers from foreign countries included (in order of appearance):

- ◆ Jorge E. Villamil, Univ. de San Gil, Colombia (a participant of the first ACCE Advanced CE Workshop)
- ◆ Sergio Carmona, Social Security of Costa Rica
- ◆ Dr. Hector Brust C., Ministry of Health, Mexico
- ◆ Jonathan Gaev, ECRI, USA
- ◆ Dra. Emma Suarez, Ministry of Health, Cuba
- ◆ Dr. Binseng Wang, MEDIQ/PRN, USA (an ACCE member)
- ◆ Dr. Hugo Chacon, PAHO-Costa Rica
- ◆ Dr. Kok Swang Tan, Medical Devices Bureau, Canada

Topics discussed during the seminar included experiences of various Latin American countries in equipment management, acquisition and negotiation

of new equipment, technology transfer and obsolescence, sterilization, quality assurance, regulations and standards, maintenance management indicators, new maintenance techniques and trends, and electromagnetic interference. In addition, major manufacturers presented new products and technical support systems.

The seminar was closed by the representative of PAHO/WHO in Peru, Dr. Marie-Andree Diouf, and the General Manager of EsSalud, Silvia Armijo.

It was clear from the seminar that a resurgence in clinical engineering interest exists in Peru. After many years of economic and political instability, Peru is enjoying growth in many aspects, including healthcare delivery. Many of the participants came from private industry and have general experience in industrial maintenance, but little in medical technology management. Participants were eager to learn what has been done in other countries, especially in the US. Information about ACCE and ACCE newsletters were distributed to the participants.

15th Annual Conference on Clinical Engineering and Cost Effectiveness

Joseph F. Dyro, Ph.D., CCE, FACCE
jfdyro@aol.com

The Annual Conference returned to Boston where 15 years ago Ron Newbower, then Director of Biomedical Engineering at the Mass General, hosted the 1st Annual Conference. To emphasize the importance of productivity and cost effectiveness, or rather the antithesis of it, he and his staff designed and constructed electronic nametags that simulated an ECG waveform by way of LEDs. Imaging the time and expense when a simple paper label would do the job. But the label would have been ripped off and thrown away and with it many of the memories of that momentous event. As the 27

participants in this year's Manny's meeting looked at familiar faces seated about the circular conference table, smiles of appreciation emerged as eyes fell upon five or six name tags still blinking away. Manny's meeting was chaired by **Manny Furst*** and **Elliot Sloan** who labored long and hard to



Elliot Sloan, Mary Beth Hatem, and Manny Furst confer

arrange a stimulating and informative meeting. Some say the meeting reached new heights this year. Pleasant as it was to see the old faces, it was most refreshing to see bright, eager, inquisitive eyes of several young clinical engineers.

One such bright light was Nancy Lum, Assistant Director of Biomedical Engineering at the Mass General, who sparked lively discussion with her presentation, *Streamlining incoming inspections & applying six sigma techniques*.



Nancy Lum

By reducing incoming inspection from 100% to statistically sampling significant gains in productivity can be achieved. Industry does it using tried and true methods. Medical device manufacturers test 100%; so why repeat? A widely accepted Military Standard

