



ACCE News

Newsletter of the American College of Clinical Engineering

March-April 2012

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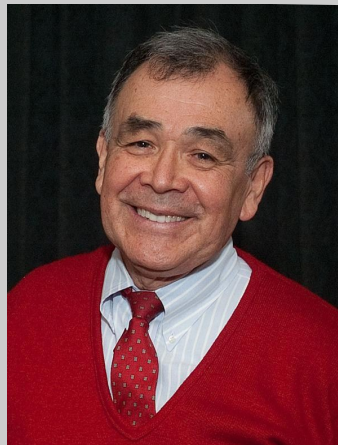
Learn about getting involved in international humanitarian opportunities in Clinical Engineering

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President's Message: Spring Winning



Spring is here, and the HIMSS 2012 in Las Vegas, NV, is almost a distant memory. The feeling of the great success of ACCE's activities at this conference on the other hand lingers on. The Clinical Engineering and IT Leadership Symposium on critical elements for medical device connectivity was carefully planned, flawlessly implemented, and posted record attendance; further, ACCE educational sessions, reception and awards activities were equally memorable. Spring this year also includes the follow up from items discussed at HIMSS, and on-going issues, as well as the planning for new activities such as the ACCE program for the June 2012 AAMI Conference in Charlotte, NC, and the transition to new ACCE leadership after the general election this coming July.

HIMSS continues to demonstrate its leadership in Health IT and attracted over 37,000 attendees, an increase of 15% in attendees and 11% in vendor participation from last year. Mobility and wireless were items of great interest, and I expected them to be among the very top favorite subjects; however, I observed three recurrent themes brought up with more intensity. The buzz was definitely about Meaningful Use Stage 1, and the expected new requirements for Stage 2. Dr. Farzad Mostashari – National Coordinator for Health Information Technology – provided hints of the new guidelines during his keynote speech. It was interesting that the final Stage 2 requirements were released before the end of the conference. This gave everyone a sense of closure for this part of the process. Next, the promise of Clinical Analytics as the silver bullet that can cut costs and improve services swiftly moved to center stage; however, useful standard data is required for actionable analyses. These requirements for data quality drive, among others, the next daunting task of standardizing formats and definitions as well as securing peer collaboration in preparation to transitioning from ICD 9 to ICD 10. This is a challenging task that when completed, outside its intrinsic benefits, will bring compliance with HHS guidelines, and will bring the US to using an international standard already adopted by the rest of the world.

While the Health IT, Clinical Engineering, and other health care communities have been moving forward to comply with current health care laws, the US Supreme Court (the Court) has also been busy this spring. The Constitutionality of the Affordable Care Act (ACA) has been challenged and the justices are preparing to render their ruling in June. The obvious question is how all the recent Health IT and related Clinical Engineering activities initiated and driven by ACA will be affected. One way of looking at the issue is to first separate the programs that are not authorized directly by ACA, and then look at ACA as two components, individual mandate and the rest of the law. The individual mandate within ACA is the prime suspect in matters of constitutionality and there is a possibility the Court would cut the individual mandate and would leave the rest of the law mostly intact. Alternatively, at the other end of the probability spectrum, the Court may opt to turn down the complete ACA. The impact to health care communities, therefore, is contingent on the unpredictable ruling of the Court. In contrast, the HITECH Act authorized the Meaningful Use Programs and has no direct connection to ACA. However, ACA is so comprehensive in the event the law gets stricken from the books, the impact will be felt by all health care technology programs. For now the jury is out, literary.

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President's Message: Spring Winning

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Meanwhile, ACCE continues fulfilling its mission and is actively planning for upcoming events such as the Clinical Engineering Symposium at AAMI's Conference.

This year's theme for the ACCE's symposium at AAMI addresses the contribution to clinical outcomes from clinical engineering and healthcare technology management (HTM) interventions. The non-government US expenditures for medical devices will approach \$65 billion this year; in contrast, Health IT estimates \$8 billion. Yet, national headlines frequently capture the fast advance of integrated and mobile healthcare technology that makes usable information readily available to providers. Lesser attention has been given to the clinical engineering and healthcare technology management contributions to this area and to their significant involvement with medical devices. Clinical Engineering and HTM have provided the means and methods so that critical patient diagnostic, treatment, and monitoring information is safely, accurately, and securely available for timely use by

providers. This device-integration framework is indispensable, for example, to achieving the Meaningful Use objectives. The symposium will convene physicians, nurses, clinical engineers, biomedical managers and technicians, care providers, administrators, vendors, and other stakeholders to demonstrate the role of the individual and the team for improving patient clinical outcomes. Ilir Kulloli is leading the symposium production efforts with a team that includes Suly Chi, Antonio Hernandez, and Tom Judd. This production team will also organize the ACCE reception/award meeting, and collaboration activities with other organization such as the Health Technology Foundation (HTF).

New this spring is an ACCE leadership transition initiative. The outcome of this activity is to bring about a seamless transition of office for ACCE officers and some Board members after the July general election. Jennifer Jackson, immediate-past-president, Jim Keller, president-elect, and myself meet regularly to coordinate multi-year activities, introduce the new president to all groups and activities that he will transition into, and

develop a platform of support for his new position. Starting this process now will give all involved the lead time necessary to secure a smooth changing of the guard.

In closing, I would like to thank the HIMSS team under Jon Blasingame's leadership for the outstanding job in making ACCE shine at the HIMSS conference. The feedback was excellent. In addition, I would like to give special thanks to Suly Chi who has kept our educational programs working like clockwork – exact words from one of our senior members – and the office activities on budget and on time. We appreciate your support Suly.

Sincerely,

Mario Castañeda
president@accenet.org

Welcome New Members

Let's welcome our newest members, approved by the Board of Directors on March 27, 2012:

Individual Members:

Alexandre Ferreli Souza - Clinical Engineer at Instituto Pro Crianca Cardiaca, Rio de Janeiro, Brazil

Anthony E. Nauert, Jr. - Manager, Biomedical Equipment Services at Norton Healthcare, Louisville, KY

Anyeji Emmanuel Obi - Assistant Director of Biomedical Engineering at Univ. of Nigeria Teaching Hospital, Enugu, Nigeria

Carlos A. Rodriguez-Garcia - QA Technical Expert at Burr Braun Medical Inc, Carroliton, CA

Roger Dzwonczyk - Clinical Associate Professor, Senior Research Associate-Engineer at The Ohio State University, Columbus, OH

Institutional Members:

University Texas MD Anderson Cancer Center (TX) - 3 Associate representatives:

Timothy LeCuyer – Director of Clinical Engineering

Umair Siddiqui – Manager, Clinical Engineering

Carlos Aboytes – Manager, Clinical Engineering

ACCE News

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Perspectives from ECRI Institute: Clinical Engineering's Role in Paving the Path to Interoperability



Modern Healthcare just published a monograph called “The Path to Interoperability: Turning Awareness into Action”. It’s a guide for hospital executives designed to help them gain the perspectives required to prepare for connecting their hospitals’ information systems and devices to other information systems and devices – inside and outside the walls of their organizations.

ECRI Institute helped *Modern Healthcare* put together its monograph and I was quoted in a box within the larger document entitled “Interoperability and Medical Devices”. The box states that

“healthcare organizations will need to make sure that they have health technology experts who can help sort through their growing connectivity challenges and avoid costly mistakes”. One of my quotes says that “clinical engineers are well suited for this role because of their multidisciplinary training in engineering, health systems, and medical technology”. There’s also a small box within the larger box stating that “a strong clinical engineering presence is critical to successful interoperability”.

A common theme in the clinical engineering community has been that we need to do a better job of getting the attention of our hospital executives. Since *Modern Healthcare* is one of the main publications that hospital executives read and pay attention to, the new monograph’s reference to clinical engineering creates a great opportunity. The document costs \$149 and is relatively short, but in my opinion, it’s well worth the investment for clinical engineers and other clinical engineering-related professionals to purchase and present to their CEOs and/or other executives. You might want to provide it with a short cover note pointing to the

“Interoperability and Medical Devices” box and the references to clinical engineering. If you are already heavily involved in interoperability projects it may help affirm your role. If you are having a problem getting the support to take these projects on, it may help open the door.

Although ECRI Institute contributed to the document, we are not any receiving revenue from it. Here is a link a Modern Healthcare web page with a short summary of the monograph and a way to order the document.

<http://www.modernhealthcare.com/article/20120225/RESEARCH/120219998>

Feel free to contact me if you have any questions about the *Modern Healthcare* monograph or if you’d like to discuss other ways to get the attention of hospital executives.

Jim Keller, Vice President for Health Technology Evaluation and Safety at ECRI Institute and ACCE’s President-Elect
jkeller@ecri.org

Secretary’s Report

At this month’s board meeting, Jim Wear, chair of the membership committee, presented a group of new members for the Board’s approval. Welcome to all the new members.

The ACCE board proudly voted to approve the HTF’s recommendation for the Robert L. Morris Award, Billy Tenety. President Castaneda has signed a letter to the AAMI Foundation in support of this nomination for this year’s AAMI presentation.

There will be an ACCE membership meeting announced for this year’s AAMI convention in Charlotte, NC. An announcement will be made as to the time and place, but look for the meeting to occur on Sunday before the traditional ACCE

reception. Of course, work for the AAMI convention continues for the CE-IT Symposium on Saturday. Please look for announcements regarding this event.

There will be a clinical engineering preparation class offered by Frank Painter before AAMI in Charlotte this year. Please contact Frank Painter and/or the secretary for further details.

Plans are moving forward for a two day Leadership Summit in Washington, DC this October. The event manager will be Tri Med Media Group. We are hoping to attract up to 200 participants. A goal will be to address the following: awareness of Clinical Engineering value at the executive level; a lack of qualified applicants as executive, director, and managerial positions in

Technology Management remain open for a long time. The expected outcome will include: enhanced visibility for the Clinical Engineering profession at the federal, provider, academic, and vendor leadership level, as well as education for clinical engineers in how to advance in influence and leadership at their organizations.

Finally, check back on the ACCE website. A nomination form for member’s to nominate themselves or others for ACCE Board and/or committee membership will be posted soon. Members who are interested must fill out a form during the open nominations process which is ongoing now.

Jon Blasingame, ACCE Secretary
jon.blasingame@philips.com

The FACE of Haiti: Extreme CE

What do clinical engineers do when they grow up? Well, lots of things. Teach, plan, maintain, advocate – in other words, HTM ... and a lot of other healthcare related activities. This past week, I went to Haiti.

Who: I am certainly not the first of our colleagues to do so. Diogenes Hernandez, Ismael Cordero, Billy Teninty, Chris Riha, and others come to mind. Entities like PAHO, TriMedx Foundation, Engineering World Health, the list goes on.

Why come? We really don't have to ask. Haiti is one of the areas of greatest need in the hemisphere. Healthcare there is displaying some heroic efforts, but is very challenged. So why am I writing this – partly to be informational, partly to be inspirational. Let's review why you may want to go; and if not there, consider another place you can serve.

When should you go? There are many good times, and perhaps some not, but it's pretty wide open. When you are available, it's certainly not expensive to go, to be there, and to be making a difference.

How? As suggested above, the list of sponsors, non-profits (also called NGOs) is long; I will mention some below. For one current Haiti NGO (non-governmental organization) source, see <http://haiti.ngoaidmap.org/sectors/8>.

In the spirit of 'Less is More', I will make this story brief:

Focus

I believe that we CEs can do anything; you will observe examples of this at the recently updated ACCE Advocacy Awards link www.acenet.org/default.asp?page=news§ion=awards.

My task this past week was to (1) encourage the locals with whom I was sent to partner; (2) help them plan all aspects of some new medical clinics and/or grow an under-utilized hospital; and (3) engage other hospitals in the area – both as places for referring our patients, and to come alongside them with a variety of CE/HTM



King's Hospital, located in Port-Au-Prince, opened its doors briefly before the devastating 2010 earthquake. The hospital is pictured above, just after a heavy rain.

resources, e.g., including you – the readers of this article.

Adapt

Wow, culture can drive you crazy, but don't let it. Appreciate our differences; I met many beautiful, patient, and friendly people from Haiti and beyond.

Ok, it can be alternatively hot, buggy, and rainy (or all at the same time). The roads are brutal, the close calls numerous. So connect with trusted locals, have a sturdy vehicle, and a place that feels like family at night, and you are good to go. The locals will interpret your environment and help influence your observations; remember, relationships are everything.

Create

One thing important to me is helping to facilitate projects and programs that are appropriate and sustainable. This is certainly applied to CE/HTM, but also to other things. What's important to you? I would encourage you to use your day job (as well as life) gifts, talents and interests. Looking at challenges from (our CE/HTM) systems point of view; linking people and projects together ... now this is where it gets fun for me.

For example, representing NAHP, I was helping to plan two different, 1,000 square foot (sf) primary care clinics serving poor populations within a few miles of each

other north of Port-au-Prince (P-au-P), as well as a third nearby clinic that will likely be 6,000 sf clinic with telemedicine capability (to 3 collections of physicians with different diagnostic skills back in the US). The noted hospital is also close by, now serving 20 patients per day and capable of serving hundreds daily; it could help the P-au-P area called Cite' Soleil, the spectacularly crowded 'inner city' home to hundreds of thousands. I learned Haiti's Ministry of Health (called MSPP) is very excited about this possibility; they want not only NAHP's help but ACCE's as well. The opportunity to help my clinician and other colleagues to put this puzzle together is very exciting, and a new challenge.

Engage

Let's get started. Here's a variety of means to join (and or receive more information) about these (or other similar) efforts. Of course there are many kinds of entities to engage, including professional, humanitarian, and faith-based:

PAHO: Voluntary Haiti HTM Coordinator, Dr. Yadin David, who is also Chair IFMBE CE Division, david@biomedeng.com

TriMedx Foundation: Training, supporting Haitian HTM personnel (currently N & S hospitals), www.trimedxfoundation.org

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Getting Involved in International Humanitarian Work

Having just returned from an assignment in Haiti, I've been thinking about what encouragement and advice I frequently give other clinical engineering professionals who are contemplating international assignments, either as a volunteer or as a short-term paid assignment (see also Tom Judd's article on [Page 4](#) of this issue).

Motivation

Very often, many of us just want to do something significant while helping those in need. Some of us go abroad because we find that our work at home has become routine or mundane; often a short break revitalizes us. The appeal of an adventure in an exotic country drives some, while others are guided by their religious or philosophical convictions to help, while putting their values into practice. On the whole, international work is a good life experience and provides a chance to demonstrate commitment to and interest in the underserved.

Whatever your motivation, you can benefit immensely from volunteering, and ultimately so can your employers and customers. Some of the benefits are:

- Exposure to challenging new problems
- Exposure to new lands, cultures, and customs
- A chance to learn new skills
- A chance to learn from others
- A chance to see things from a different perspective
- A chance to teach

From an employer's perspective, volunteer experience on your resume shows that you are driven by incentives other than financial gain. It also demonstrates that you are flexible, compassionate, a team player, and that you enjoy new and challenging situations. Those enrolled in or just finishing school, without any work experience in the field, may want to consider volunteering to gain some experience. There are a few organizations that provide volunteer opportunities for students. For those who have retired, volun-



ACCE member Robyn Frick volunteering as a biomedical engineering trainer for an ORBIS Flying Eye Hospital program in Syria in February, 2011.

teering is a way to keep active, maintain and even build on your skills, and remain involved in the profession.

Getting Involved

Volunteers may choose from a variety of groups sponsoring medical volunteer work (for a list of some of these organizations see Tom Judd's article in this issue). They can range from small informal associations to huge international organizations with multi-million dollar budgets. Many have a religious affiliation. Institutions of higher education, national governments, non-governmental organizations, and global organizations such as the World Health Organization support volunteer activities both directly and indirectly through training, research, and supplies. The impact of volunteer work varies widely from country to country. In Haiti, for instance, volunteer organizations deliver a significant proportion of the healthcare services provided to the poor.

One of the biggest needs for volunteers in developing countries is the repair of medical equipment. The list of available volunteer activities reads almost like a clinical engineering to-do list:

- Testing and installing donated equipment
- Teaching engineers and technicians to repair equipment
- Teaching users to set up and operate equipment
- Setting up and supporting equipment for volunteer surgical teams
- Providing advice on setting up a clinical engineering service
- Providing advice on improving systems, policies, and procedures related to managing healthcare technology
- Assessing the technology needs of hospitals
- Evaluating new equipment for purchase

In your day-to-day work at home, these skills are developed over time through a combination of on-the-job training and educational opportunities. A volunteer activity can offer you a crash course—trial by fire. For instance, in Haiti I was asked many times on the spot to repair a variety of devices I had never seen before with no tools, test equipment, or manuals.

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Getting Involved in International Humanitarian Work

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Your chances of succeeding as a volunteer mirror what makes a good employee at home. Beyond technical skills, patience and flexibility are essential—if you can roll with the punches at your regular workplace, you could likely handle a volunteer assignment. Communication skills are important, as is the ability to be self-reliant and improvise to find a solution to a problem.

Finding Time

Not many of us have enough time to take off from work to volunteer overseas, and earned vacation is usually reserved for time with family. One way to gain time for these expeditions is to negotiate a leave for volunteering before accepting a new job. You could tell your new employer that in addition to your earned vacation time, you will need a week per year for volunteer assignments. Sell your project not only on its humanitarian aid, but on what skills you will bring back to your employer. Some employers may accept this leave as a condition of your employment, but it will most likely be offered as an unpaid leave. You won't know until you ask.

Preparing

The preparation required for an assignment will depend greatly on the sponsoring organization. Some pay for and organize most of the travel details, while others expect the volunteers to arrange and pay for their own airfare and accommodations. A few essential items to include in your pre-trip checklist:

- Passports and visas
- Physicals, prescriptions, and vaccinations
- Insurance
- Airfare
- Money
- Packing (clothing, small gifts for hosts, tools and test equipment to use or donate)

Expecting the Unexpected

Volunteering in a developing country won't bring all the comforts of a two-week training course at home. You should prepare yourself to be tolerant of uncomfortable situations and foods you don't recognize. You will also find that schedules and plans will change unexpectedly so remain flexible. As an example of this, in my recent trip to Haiti, I committed to meet up with Tom Judd, who was there at the same time on another assignment, and even though we were staying a few miles from each other, we never got to see each other because of difficulties in local travel and logistics. You will also encounter people with different concepts about time and personal space. Be ready to learn about and observe differences without being judgmental. Before going abroad, try to learn as much as you can about the local customs, beliefs, and language. Talk to others who have been to your destination, and seek opportunities to see movies and read up on the country and culture.

People you meet while abroad will often be very curious about life in your country. You may find it helpful to educate your friends and family about where you'll be going and what it is you'll be doing, so that they can be advocates for your work abroad. Having a strong support system will help you get through the challenges of working in an unfamiliar environment, far from home.

If You Can't Travel

Even if you can't travel you can still help by providing essential supportive tasks at home such as:

- Donating supplies, manuals, tools, and equipment
- Donating money or raising funds
- Logistical support.
- Moral support
- Communications.
- Special projects
- Mentoring

Having been involved for more than 20

years in international work as a volunteer, as a consultant, and as a full time job, I feel that I can fully recommend international assignments and am available to offer further tips and insights to those looking into international clinical engineering assignments. Please contact me, I'd be more than glad to help.

Ismael Cordero, Member, ACCE International Committee
ismaelcordero@me.com

The FACE of Haiti: Extreme CE

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Billy Teninty, CBET: Training, supporting Haitian HTM personnel (currently P-Au-P hospital locations), ibilly@yahoo.com

TECH: Assisting a variety of hospitals and groups in Haiti/elsewhere, contact Rick Wood, CBET, President; www.techmd.org

NAHP: One of many NGOs organizing healthcare/other relief activities, contact Lee Jacobs, MD,
www.nahaitipartnership.org

Tom Judd
ACCE Advocacy Committee Chairman
judd.tom@gmail.com



HIMSS 2012

HIMSS 2012 in Las Vegas last February was a good event for our ACCE sponsored activities. ACCE thanks all our members who contributed to our success and apologize to those whose names go unmentioned in this summary.



Clinical Engineering & IT Leadership Symposium: Critical Ingredients for Medical Device Connectivity

The CE-IT symposium, an all-day educational session focusing on Critical Ingredients for Medical Device Connectivity, took place the Monday before the exhibits. The featured keynote speaker was Robert Kolodner, MD. Our own Izabella Gieras and Cisco representative Curtis Dikes presented *Embracing the Clinical Leader*. Tony Easty spoke to *Engineering a Demand for Safety and Quality with Human Factors*. The *Nuts and Bolts of Technology Management* was presented by Vi Shaffer, George McCullough and Marianne James. Tim Gee spoke to *Beyond the Medical Device*. Finally, Elliott Sloane and a panel led a discussion on *Bending the Cost Curve*. Needless to say, the symposium was well attended. We have copies of the presentations available on our web site.



ACCE Representatives: Antonio Hernandez, Ray Zambuto, Stephen Grimes and Jon Blasingame at ACCE Booth.

Tuesday afternoon the exhibits opened and many members volunteered to man our ACCE kiosk which was strategically located at the entrance to the exhibit hall. Many potential new members and sponsors dropped by to hear about our organization. HIMSS sponsored a series of Knowledge Centers. ACCE participants manned the booth for Medical Devices, at which Bridget Moorman presented her work on Medical Device Integration using Mobile Telecommunications Infrastructure. Later that evening at our well attended ACCE HIMSS reception, both Bridget and Tim Gee were ACCE award recipients.



Clinical Engineering & IT/ACCE Awards Reception, Tuesday, February 21, 2012.

During exhibit hours, there were ongoing demonstrations of the latest developments in the Integrating the Healthcare Environment (IHE) developments. The area known as the IHE showcase occupied about one acre of floor space where hundreds of HIMSS participants worked very



Bridget Moorman at the Medical Device Pavilion, held during HIMSS'12 exhibit hours.

hard to put together informative demonstrations of ongoing interoperability efforts by the community of vendors, clini-

cians, clinical engineers and engineers working in healthcare to make information systems, clinical systems and medical devices/systems work together.

Our own IHE PCD (Patient Care Devices) group had displays demonstrating scenarios involving patient care in intensive care, emergency care, operating room as well as maternal/baby transfers from the outpatient and labor delivery environment to acute care facilities. More information on these demonstrations is available on the IHE PCD wiki pages.



Antonio Hernandez presenting at the Interoperability Showcase.

Finally, Thursday morning, ACCE sponsored an education session *Clinical Mobile Applications: Is Healthcare Ready*. Joseph M. Smith, MD, PhD of the West Wireless Health Institute presented his organization's efforts in medical research to bring wireless technology as a cost effective treatment for major diseases types. Allen Hobbs, PhD of Kaiser Permanente presented his organizations take on how rapidly changing healthcare mobile technology can be effectively brought to the physician office and patient's home. These presentations are also available on our ACCE website.

There are many ACCE members whose efforts made these activities possible. We are a volunteer organization and depend on our membership to help make our participation in this event and others possible. Take pride in our membership and its contributions.

Jon Blasingame, ACCE Secretary
jon.blasingame@philips.com

ACCE Announces Several Awards for 2012

ACCE is proud to announce the following 2012 awards:

ACCE 2012 Challenge Award

This award honors an individual who is not presently an ACCE member, but eligible for membership for their achievements within the field of Clinical Engineering (CE) and/or Health Technology Management (HTM).



Tim Gee

2012 Challenge Award Recipient

One award winner is **Tim Gee**, Principal of Medical Connectivity Consulting and a Principal Consultant with Santa Rosa Consulting, in Portland, Oregon. Tim was selected in acknowledgement and respect for his ongoing leadership and facilitation of annual Medical Device Connectivity Conferences and Blog on Connectivity issues <http://medicalconnectivity.com>.



Sherman Eagles

2012 Challenge Award Recipient

Also selected is **Sherman Eagles**, Partner at SoftwareCPR and a Principal at 8000I Experts, of St. Paul, Minnesota. Acknowledging his leading the development of both the AAMI Medical Device Data System-MDDS/Quality Systems recommended practice and IEC 80001-1, for risk management of IT networks that incorporate medical devices.

ACCE 2012 Tom O'Dea Advocacy Award

The award is given to an individual(s) who has written articles, given presentations, or led efforts that have advanced the field of CE – particularly in promoting the profession to people in other related fields.

The first recipient is **Tom Nicoud, MS, CCE**, an accomplished clinical engineer (CE) that pioneered bringing other CEs into the professional equipment planning field, now living in Tempe, Arizona. After serving in several CE roles with increasing responsibility from 1969-1981, Tom then joined Ellerbe Becket in Minneapolis rising to VP and Senior Planner until 1995. Since then, he has served in other planning consultant and CE roles, with many presentations, publications, and program leadership with a wide variety of healthcare stakeholders.



Tom Nicoud, MS, CCE

2012 Tom O'Dea Advocacy Award Recipient

The other Award winner is **Bridget Moorman, MS, CCE**, President of BMoorman Consulting, LLC, for her ground-breaking work in interoperability and strategic technology planning, especially in the interface between CE and IT,

more recently mHealth, and her many presentations in the wider healthcare community on these topics; see www.bmoorman.com.



Bridget Moorman, MS, CCE

2012 Tom O'Dea Advocacy Award Recipient

ACCE/HTF 2012 Marv Shepherd Patient Safety Award

This award is given to an individual who has excelled in the "safety" area related to the CE field. For example, a national investigator of accidents, an inventor of a safety device, or an author of books on medical device hazards, etc. This is a joint Award between ACCE and the Healthcare Technology Foundation.



Alan Lipschultz, CCE, PE, CSP

ACCE/HTF 2012 Marv Shepherd Patient Safety Award

The Award winner is member **Alan Lipschultz, CCE, PE, CSP**, President of HealthCare Technology Consulting LLC, Wilmington, DE, for his nearly 40 years of leadership in many aspects of safety – directing advocacy efforts, and serving on key standards committees. His career re-

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ACCE Announces Several Awards for 2012

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flects his belief, that when properly written, standards reduce variability and set minimum requirements, two factors that can improve patient safety.

ACCE 2012 Lifetime Achievement Award

This award is the highest award given by ACCE. It is given to an individual based on life long accomplishments and contributions to the clinical engineering (CE) profession.



David A. Simmons, ScD, PE, CCE, CQE, FACCE
ACCE 2012 Lifetime Achievement Award Recipient

The Lifetime Achievement Award winner is **David A. Simmons, ScD, PE, CCE, CQE, FACCE** for his over 50 years of development and implementation of CE programs in approximately 200 both government and private hospitals and device service companies. Additionally, he has authored many texts and references in the fields of health care quality, planning, CE, and both health care and industrial quality management.

ACCE 2012 Professional Achievement in Management Award/Managerial Excellence Award

The award is given to an individual for his/her contributions to the CE profession of a managerial nature, such as a paper of significance, solving of a problem or issue for the profession, or the application of new techniques to CE with measurable positive results.

The Award winner is **Kurt Finke, CCE**, Director of the Office of Healthcare Technology Management (HTM) with the Department of Veterans Affairs (VA). Since May 2011 – his first year in the national director role - he sponsored a program to support CE certification; 43 VA CEs took the CCE exam with a high percentage passing on first attempt.



Kurt Finke, CCE
ACCE 2012 Professional Achievement in Management Award/Managerial Excellence Award Recipient

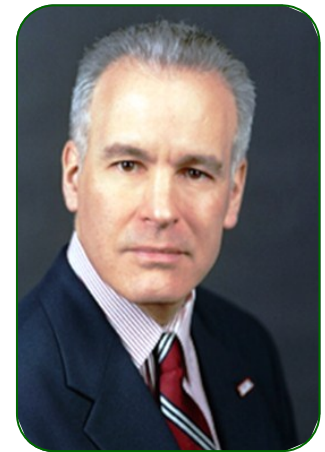
Kurt made “Promoting Professionalism and Profession” one of his organization’s priority initiatives. Along with technical training and continuing education, he has actively promoted attainment of professional certification. The VA now has over 55 CCEs; Kurt is also promoting CBET / CRES / CLES certification, as well as Program/Project Management, LEAN, and others to enhance the VA workforce capabilities and extend the contributions of HTM to veterans’ care.

ACCE 2012 Professional Achievement in Technology Award/Professional Development Award

The award is given to an individual for his/her contributions to the CE profession of a professional or technical nature, such as research or development of a new technique or product, a paper of significance on a technical issue, or ‘trailblazing’ work in a new application of clinical engineering.

The Award winner is **Jonathan A. Gaev**,

MSE, CCE, HEM, PMP, ECRI Institute, for his leadership in developing CE benchmarking tools. At ECRI, Jonathan has responsibility for developing tools for CE managers to compare their support data with other healthcare facilities. ECRI Institute’s BiomedicalBenchmark™ - launched in 2008 - has created a maintenance database that provides model-specific data on average PM/repair times, parts’ costs, and failure rates. He conceptualized, launched, and continues to improve the product.



Jonathan A. Gaev, MSE, CCE, HEM, PMP
ACCE 2012 Professional Achievement in Technology Award/Professional Development Award Recipient

ACCE 2012 Student Paper Competition

The award is given to an individual currently a student in a CE or related graduate program that wrote a paper that contributes significantly to the body of knowledge in CE.



Elena Simoncini

Winner: Elena Simoncini, University of Connecticut

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ACCE Announces Several Awards for 2012

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Combating Hospital Noise and False Alarms through Clinical Engineering and Nursing Collaboration

Presented at the October 2011 national Medical Alarms Summit



Christopher Colvin

2nd place: Christopher Colvin, University of Toronto

An Exploratory Study of the Fundamental Characteristics Influencing the Analysis and Communication Activities of Health Care Incident Reposting Systems



Helen Cheong

Tied 3rd place: Helen Cheong, University of Connecticut

Failure Mode Effects Analysis of EMR Integration of Fetal Monitoring

Tied 3rd place: Jonathan Riscica, University of Connecticut

Root Cause Analysis of a GI Clinic Procedure at UMass Memorial Medical Center



Jonathan Riscica

ACCE 2012 Antonio Hernandez International Clinical Engineering Award

The award is presented to one deserving international engineer who has advanced health technology management in their country to improve quality, service, and affordability. The individual would typically be recognized by their country's health leaders or global organizations through leadership roles in their country's national and or activities in the region.



Bill Gentles, PE, CCE, PhD
ACCE 2012 Antonio Hernandez International Clinical Engineering Award Recipient

The Award winner is **William (Bill) Gentles, PE, CCE, PhD**, for his leadership as administrator of the global HTM / Clinical Engineering email listserv, Infratech. Bill first became interested in international work in 1984 when he was invited to lecture in Taiwan and China. Since then he has lectured or participated

in workshops in Malaysia, Cuba, Chile, Ecuador, Nicaragua Kosovo and Ghana. He is currently vice president of BT Medical Technology Consulting www.btmtc.com.

ACCE/HTF 2012 International ACEW Award

This award is given to an organization demonstrating significant improvements in national HTM structure and outcomes since ACCE and its partners conducted Advanced Clinical Engineering Workshops (ACEWs) in their countries.

The winner is the Healthcare Technology Management (HTM) graduate program at the University of Cape Town (UCT) www.htm.uct.ac.za led by Mladen Poluta, Republic of South Africa (RSA). Mladen has been a key faculty member of ACEWs in 1998, 1999, 2000, and 2006, among his and his academic program's many contributions to improved HTM in the African region and globally.



Mladen Poluta
HTM graduate program at UCT
ACCE/HTF 2012 International ACEW Award Recipient

Additional information on the above recipients can be found on the ACCE website at <http://www.accenet.org/default.asp?page=news§ion=awards>.

Healthcare Technology Foundation News

The Healthcare Technology Foundation annual meeting will be held following the AAMI 2012 Conference and Expo in Charlotte, North Carolina. HTF appreciates AAMI President Mary Logan's offer to provide a room at the Westin Hotel on Tuesday, June 5th for the meeting. We have invited ACCE leadership to the HTF dinner the evening before.

HTF welcomes Paul Coss, RN, Director Marketing Philips - Patient Care and Clinical Informatics Group, Philips Healthcare, as our newest advisory board member. Paul has more than 35 years in industry with Philips/Agilent/HP and nursing in the Boston area. He will serve as an advisor on projects in addition to board member duties.

HTF has kicked-off two projects. The first, led by Yadin David, is Tools for Managing Integrated Technology Risk in Healthcare Delivery Organizations. A project scope has been developed, and the first advisory group meeting took place in March. The second is a Selection and Planning Guide for Home Care Monitoring Technologies. Jim Keller presented the idea for this project, and an advisory group is working on developing a stakeholder list and funding strategies.

The Joint Commission has emailed a survey to US hospitals on Clinical Alarm Management Environmental Assessment. The background webpage references the HTF 2011 National Clinical Alarms Survey http://thehtf.org/alarms_survey2011.asp, co-sponsored by ACCE, and Clinical Alarms Management webpage. <http://thehtf.org/clinical.asp>. Recognition is given to ACCE, ECRI Institute, and AAMI related to the 2011 Medical Device Alarms Summit. This is great exposure for the clinical engineering field.

The HTF Clinical Alarm task force continues to make progress on various clinical discipline endeavors. American Association for Respiratory Care (AARC) will be releasing an article in their April AARC News discussing the HTF 2011 survey results specific to the RT arena. Marge Funk is collaborating on a paper for Nursing with Tom Bauld assisting on data analysis, particularly with the various comments. Both Tobey Clark and Marge have been invited to speak at the American Heart Association meeting this November during the Cardiac Monitoring and Alarm Fatigue session. Bill Hyman is helping to develop a clinical engineering specific paper for The Journal of Clinical Engineering. The alarm issue only continues to get ex-

posure and HTF hopes that the survey results can assist the various stakeholders in tackling this critical issue with the goal of eliminating this concern.

Look soon for the Home Ventilator brochure to be released. The Patient Safety Committee has been hard at work and final touches are being applied. This will be posted in English and Spanish. We hope to circulate through various contacts to gain exposure of this publication and the others on the HTF website.

HTF continues to meet with international leaders from World Health Organization and other supporting associations. HTF intends to support the international healthcare technology community.

Don't forget about HTF for your donation opportunity. We will accept them anytime and they are always tax deductible! Please visit our website: <http://www.thehtf.org/>

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

Another Self-Assessment

Sell-assessment can be a detailed endeavor, and it may be part of your annual review. On the other hand, self-assessment can sometimes be simple, personal and perhaps useful as a reminder of the level of performance you are currently at, the level you might aspire to, or the level you might be satisfied with. Of course performance can vary with time as demands, internal and external interferences, and fatigue vary. In this regard, we could aspire to a running time-averaged level of performance while trying to control the minimum.

In undertaking a self-assessment, one can use various metrics. For instance, consider job performance, i.e. how you stack up compared with your explicit job descrip-

tion and duties. Another example is how well you are contributing to advancing the broader goals of your organization, such as those related to patient welfare or perhaps cost control. Here the narrowly defined tasks, such as PM compliance or meeting project deadlines, can be contrasted with proactively locating and solving ongoing issues that may not currently be specifically defined.

I recently had a conversation with a colleague on clinical engineering professional accomplishment. The colleague suggested that seriously addressing safety was more important than doing endless PMs, especially given the widespread belief, except perhaps at CMS, that PMs in general aren't very useful. I countered, "But one

allows the closed-end completion of a finite task list while the other requires real thought and effort". The colleague replied, "Then we know which is going to be done."

My current interest in self-assessment and performance is in part linked to my recently learning something about "mindfulness". I was introduced to this term, or perhaps re-introduced, in the context of an organized more-or-less formal meditation experience. In that context, and in my novice understanding, mindfulness meant to focus on, and be aware of, your body (e.g. breathing) to free yourself at least temporarily from the noise of the external world. As often

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The View from the Penalty Box

As mentioned last time, the political ads are really getting annoying. On the bright side we only have another 7 months of these misguided messages before the election. It's always interesting to check into some of these "hot topics" and find out that both sides have some truth but not the total truth. Maybe we just need a clinical engineer to run for President. We are used to truth and what is right, not just what is legal, even if it is not right.

At a recent NESCE dinner meeting I listened in on a conversation about getting service training for a nuclear camera. The tuition was \$45,000.00, plus expenses (salary, lodging, food, travel, etc.). The final package came close to \$55,000. This did not include future software updates, which would have to be purchased. This would be a very difficult expense to justify to administration. Service contracts with a third party would be a good choice, if available, then possibly maintenance insurance and as a last resort a contract with the manufacturer. There are many other places in our department budgets where the \$55,000 spent on training would have much greater impact on patient care. This is a common decision that many of us make every year at budget time.

In most hospitals here in the US, we are entering the budget planning phase. The end of April is the 6-month point in the fiscal year; here we can get a good look at where our expenses have been, what have we under-budgeted and what is over-budgeted. If looking at the budget numbers we find that a particular device or technology is costing us too much, we need to start replacement planning, perhaps consider some training or a very good PM/refurbish. Be sure not to just look at the number but what has changed with that device or technology. Is the device used more? Has the staff changed in that area? What is on the service reports? If there are numerous reports of "no problem found" or "cannot duplicate", there is likely a training problem. Consider correcting that issue first before starting the replacement justification.

Recently, here in Boston, a transformer blew cutting power to a good portion of

the city. What caused the transformer to blow was never publically stated. The word on the street was that the transformer was over 35 years old and working above its rated capacity. Clinical engineers seem to do much better jobs than other engineers on maintaining equipment. Another recent example was the airplane that was having an engine test when its brakes failed, eventually landing in a ditch. Isn't chocking the wheels part of the normal procedure when a plane is parked? Someone was probably not following the PM procedures. Just remember that Murphy's Law always applies.

There are multiple sites on the internet where you can find PM procedures for the various devices we work on. You may find that some are not accurate enough for some of the devices in your inventories and others too accurate for other devices. These examples are a good place to start when putting your procedures together. Also don't forget to ask your colleagues about their procedures, and be prepared to share yours with others. Working together makes everyone's life better.

We are loosing another great clinical engineer to retirement in June. Hank Stankiewicz came to the Boston VA from New Orleans in 1976 and joined with other clinical engineers in the area to expand training options. Over the years, Hank got involved with many of the regional symposiums, and he always made sure that his staff got to attend training sessions and encouraged them to participate in doing presentations. As Hank rides off into the sunset, we all wish him health and happiness in retirement. When you see Hank in Charlotte be sure to thank him for all his work over the past years.

The hockey season is winding down and for the family it has been a good season. Two family members went to the dark side and became referees, another grandson started playing, and the oldest grandson had a good year in high school hockey. I guess having a grandson in high school makes me old.

In closing, please think about writing some articles or doing presentations. Our profession needs more voices telling what we do, why we do it and how good it feels when we see the results of our work.

Looking forward to seeing you at AAMI.

Dave Harrington
dave@sbttech.com

Another Self Assessment

(Continued from page 11)

happens, when learning something new, I then saw the term mindfulness popping up elsewhere, particularly in reference to the ability of people to really focus on their work, especially when doing something both important and tedious. Communicating this notion back to a meditation leader, he said that the mindfulness of meditation was not intended to only temporarily achieve, but to be training for being more attentive and effective in your daily life.

Taking this lesson into consideration, here is my current self-assessment scale for time-averaged, on-the-job performance. It can be applied over both long and short time intervals.

Exceptional—Devoted to, works on, and makes a difference with respect to the broad goals of patient care, safety, risk assessment and risk mitigation (and not just with respect to today's hot topic of network/IT issues). Mindful of identifying and focusing on what really matters.

Good—Reasonable dedication to successful completion of assigned and recognized duties, with some attention to overall patient care and safety. Mindful attention to completing all specific tasks.

Acceptable—Reasonable attention to assigned and recognized duties, but only semi-focused, with little interest in impacts. Not particularly mindful.

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International Committee Report: The INFRATECH Global Internet Discussion Forum



INFRATECH is the name of a global internet discussion group that is intended to support developing countries around issues related to healthcare technology management and Clinical Engineering. INFRATECH was first established in January 1999. It has now been running for 13 years.

The discussions take place by email. The mailing list is managed by 'LISTSERV' software that operates on the PAHO (Pan American Health Organization) website. To date, it has been financially supported by WHO and administered by the ACCE. The table above lists the 48 countries that are represented in the subscriber list

The INFRATECH website

Postings, dating as far back as January 2008, are now easily accessible at www.infratechonline.net. Postings are transferred to this web site by the administrator, who indexes them, and assigns keywords. Above is a screen shot of the home page of the web site.

Postings to INFRATECH appear in the left-hand column, with the latest posting at the top of the page. The right-hand

column has a list of most used keywords. The font size of the keyword is proportional to the number of occurrences of the keyword to date. This is called a keyword "cloud". To access all the postings where a given keyword appears, it is only necessary to click on the keyword. In addition, free text searches can be initiated by entering any text in the search window at the top of the right column.

In 2012, WHO is changing the name of INFRATECH to more accurately reflect its focus on Health Technology Management and Clinical Engineering, and to reflect the priority of the World Health Assembly resolution on Health Technologies. The new name will be "WHO/PAHO, Clinical Engineering/ HTM".

To join the INFRATECH discussion group, please send an email to listserv@listserv.paho.org with the following in the body of the email: subscribe infratech John Smith (Substitute your own name for "John Smith")

*Bill Gentles, INFRATECH Administrator
Member, ACCE International Committee
billgentles@sympatico.ca*

Countries Represented on INFRATECH	
Albania	Malaysia
Argentina	Mauritius
Australia	Mexico
Belgium	New Zealand
Brazil	Pakistan
Burundi	Panama
Cameroon	Paraguay
Canada	Peru
Costa Rica	Philippines
Cuba	Poland
Denmark	Russia
Dominica	Rwanda
Estonia	South Africa
Ethiopia	Spain
France	Switzerland
Gabon	Thailand
Gambia	Trinidad & Tobago
Germany	Uganda
Ghana	UK
Hong Kong	Uruguay
Ireland	USA
Italy	Venezuela
Jamaica	Zambia
Malawi	Zimbabwe

Another Self Assessment

(Continued from page 12)

Poor—Somewhat indifferent attention to assigned and recognized duties, but getting by. Barely mindful.

Unacceptable—Frequent failure to achieve reasonable quality and productivity. Mindless.

So how are you doing this year, this month, today?

*William A. Hyman
Immediate Past President
Healthcare Technology Foundation*



AMERICAN COLLEGE OF CLINICAL ENGINEERING

Help Advance Professionalism in Clinical Engineering

The Healthcare Technology Certification Commission (HTCC), responsible for Clinical Engineering Certification, is looking for some new at-large members.

Members represent a broad base of healthcare, including engineering, physical and healthcare sciences as well as users of clinical engineering services. Individual members must be one of the relevant healthcare technology professionals, namely technicians/technologists, engineers, physicians, nurses, educators, and manufacturers. The commitment is for a 3 year term. Activities include planning the course of CE certification, reviewing candidate qualification, working with the Board of Examiners to administer the exams and certify successful candidates.

If you are interested, or know of someone that would be willing to help the Commission, please contact Paul Sherman below.

Paul Sherman, CCE, Chair of the HTCC

paul.sherman@va.gov

(314) 894-6100 ext. 66072 (w)

(314) 752-3487 (h)

ACCE-CCE Exam Review Class

**Thursday and Friday—May 31 and June 01, 2012
Charlotte Convention Center, NC**

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

Sign up by registering with the ACCE Secretariat: secretariat@accenet.org.

The registration fee is:

- \$450 for ACCE members
- \$495 for non-members

All attendees will receive the review course presentation materials.

ACCE Calendar

Virtual Meeting/Teleconferences

April 11, 2012

CE-IT Community, Virtual Town Hall Meeting
“Connectivity with Physiologic Monitors”

April 19, 2012

ACCE Teleconference
“Budgeting and Finance for Healthcare Technology”

May 17, 2012

ACCE Teleconference
“Negotiating Service Contracts”

Events

May 31 & June 1, 2012

ACCE-CCE Review Class in Charlotte, NC

June 2-4, 2012

AAMI Conference & Expo in Charlotte, NC

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