

ACCE News

Newsletter of the American College of Clinical Engineering

March - April 2016

Volume 26 Issue 2



ACCE Announces 2016 Advocacy Award Recipients

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Congratulations to Our 2016 AAMI Awards Recipients!

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President's Message



By the time you read this those of us in the US will be well into spring. As I write this (early April), some of us are still reminded that winter is still close. For us, winter was mild weather-wise, but very turbulent health wise. I hope your spring is pleasant and joyful. In this article, I'll discuss a bit of what happened in winter and preview what's coming for spring.

This year's HIMSS activities went quite well again. It was my honor to introduce Axel Wirth and Ron Mehring at the ACCE session this year. Their topic was "Medical Device Patching – Factors for Strategy and Execution". They dove into the requirements, as well as realistic implications and strategies for effectively patching medical systems on the network. As an old hardware guy, I don't really want to deal with software, I'd rather deal with solder, meters and o-scopes. However, this is the world we inhabit and these are the skills we need to ensure the best patient care. I found their presentation illuminating and helpful.

The reception was fantastic! There were plenty of attendees, the most ever (I think). Plenty of food and (liquid) lubricant. A big thanks to Suly and Tammy Kwiatkoski of HIMSS for arranging the reception logistics. Also, thanks to Symantec and HIMSS for their generous door prize donations, and of course, it wouldn't have been possible without our sponsor, Dräger.

Finally, the Awards Reception. It was held in one of the Wynn Hotel ballrooms, with all the glitz and glamor Las Vegas can provide. One of my more difficult duties is to rate the candidates for the ACCE/HIMSS Synergies Award. We had three outstanding candidates, but only one can receive the award. Jennifer Jackson was this year's award winner. Jennifer has been involved with interoperability in some respect for as long as I've known her, and certainly deserved the honor. An amusing side note - those who know me, know I'm a pretty casual guy. I've only worn a tuxedo twice, both times to present the Synergies award. So this was it - I may never wear a tux again.

By now, ACCE has submitted our comments on the FDA's Proposed Rule: "Refurbishing, Reconditioning, Rebuilding, Remarketing, Remanufacturing, and Servicing of Medical Devices Performed by Third-Party Entities and Original Equipment Manufacturers". In the interest of time, I asked a small workgroup to create our response. First, I'd like to thank those ACCE members that helped: Jim Caporali, Alan Lipschultz, Malcolm Ridgway. These members did an outstanding job of articulating our issues and concerns. As Malcolm has pointed out for many years, Reliability Engineering research has proven in every industry it's been used that front line maintainers are far better qualified to determine the best maintenance of any system. Let's hope ACCE's response, along with the responses that many of you hopefully provided convinces the FDA of that truth. Otherwise, patient care WILL suffer.

Additionally, we hosted a webinar highlighting the implications of this Proposed Rule and what you could do to respond. We owe a big thanks to Dave Francouer and Binseng Wang for presenting the information. I also owe Binseng another thanks; it was his suggestion that triggered ACCE to prepare a formal response.

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President's Message (Continued)

(Continued from page 1)

One of ACCE's activities at AAMI's annual conference has been to help sponsor the Interoperability demonstration. As the demo has evolved over the years, it grew to become more of a showcase. That continues this year with a new scenario, as well as AAMI taking over much of the organization. I discussed ACCE's participation with the AAMI showcase managers recently to remind them of our commitment to the showcase and offer our help. I will kick off the second day of the showcase with a presentation on Integrating the Healthcare Enterprise (IHE), including ACCE's role. Also, AAMI is looking for more presenters at the showcase, if you have an interoperability experience to share, let me know.

The first week of April, AIMBE met in Washington DC. On April 3rd, they held a

Council of Societies meeting and invited ACCE to participate. The meeting was focused on ways for the Council of Society to meet the needs of ACCE and other Society partners as well as methods to increase Fellow and award nominations. I could not attend, and they didn't have remote attendance capabilities. Antonio Hernandez graciously rearranged his Sunday afternoon to represent ACCE at the meeting. Since I'm finishing this article VERY close to that date, I don't have the results of that discussion, but we'll share them as soon as they are available.

Shortly after this article is published I hope to be in New York City at a one-day conference. I've been invited to speak at the Young Jewish Professionals' Healthcare + BioPharmaceuticals Future Trends CEO Conference on May 4. The conference is attended by 200 of the top healthcare CEOs in the US. They have invited me to

speak on medical interoperability and its impact on healthcare. It is a rare opportunity to showcase Clinical Engineering and what we bring to healthcare. I will do my utmost to well represent our organization and profession. I must confess, some part of me flashes back to my life on the small farm in Eastern Oregon and wonders how I ended up with this opportunity. I then realize that I managed to hitch a ride with some great professionals when I moved my career from technician to engineer. I am always humbly grateful to all of you for helping me along this path.

As ACCE activities and events have unfolded, I'm continually amazed by your support. If I forget to say it, I thank you all for making ACCE what it is.

Paul Sherman
president@accenet.org

2016 CCE Oral Exam Review Webinar

In time for the 2016 CCE Oral Exam which will be given pre- AAMI 2016, Tampa, FL.

Date: May 11, 2016 (WED, 12:00 pm - 1:15 pm, Eastern Time)

Cost: \$ 75.00 (ACCE member) / \$ 100.00 (Non Members)

ACCE Faculty: Frank Painter, MS, CCE, FACCE

Registration Deadline: April 30, 2016

To register, please contact Suly Chi at secretariat@accenet.org

Note: Anyone taking the Oral exam must have previously passed the CCE written exam and have scheduled the oral exam with the HTCC secretariat at certification@accenet.org

This course is prepared and offered by individuals not involved in the preparation of the CCE exam.

ACCE News

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View from the Penalty Box

As I head outside to shovel 6 inches of partly cloudy, and it is officially Spring I get the feeling that weather forecasters and IT people have the same thought process, “say it with a strong voice and others will believe”. But we doubting Clinical Engineers will always look at the window, check passwords and make sure that the device is actually turned on. We may be collectively a bunch of skeptics, but we learn from the past and expect that all predictions/pronouncements may be more fiction than fact. We like facts!!!!

In a recent article in the Boston Globe, titled “[Hospitals working to make intensive care less terrifying](#)” several items jumped out at me. First was the number of patients that go to the ICU each year, 5,000,000 and that 80% of those patients get to go home. Do the math and you get that 1,000,000 patients a year never get home from an ICU. In the same article there were details of discussions with patients who spent a lot of time in the ICU and what they remembered. The biggest complaint was that the staff did not talk with them, introduce themselves, tell the patient what they were doing and why. The conclusions presented is that ICU patients are often ignored as the staff is more focused on the equipment and what that is doing than how the patient is doing. This is where we differ as we always put the patient first. I always encouraged my staff and students to talk with the patients take the time to assure them that the equipment is working properly and that they are getting better. This simple process of talking with patients helped the techs and students develop better communication skills which will carry them further in this business than good technical skills alone.

Many of us are starting to ignore the political ads on television, along with the debates and the general bull that the majority

of candidates seem to be putting out. Why can't they say in a reasonable volume what the will and will not do? How much money has been spent by the Super PACS on candidates that have no qualifications for the office that they are running for? It almost seems we are hearing, all too often “vote for me; I am the lesser of the evils running for this position”. If that money was spent on helping end the opioid problem, or hunger or any one of other numerous good causes we would be so much better off as a society.

I recently got involved with setting up a series of small clinics in sparsely populated areas, and the problems are quite interesting. The patient population has numerous problems ranging from weight, to diabetes, to alcohol, bad dietary choices and unfortunately suicide. The education level is not high, and in many homes basic sanitation is missing. The drinking water is about the same as Flint Michigan's. Getting to the patients or getting them to the clinic often involves ruts in the grass land and some culverts to allow the streams to flow. But it is a difficult ride or walk and can take several hours. Some of the new staff at the clinics say that they need MRI and CT units, the latest in lab equipment and all the various diagnostic tools. They forgot that most of the clinics are not on the power grid, and their generators are on the small side which presents some of the big power consuming devices from being used. The clinical engineers involved with this project are really good and are always looking for better, cheaper, simpler equipment to do the jobs of both diagnosing and supporting this patient population. If you have ideas on ways to help, non-financial, please share them as they need the technology more than the money. Too much of the money would go to the IT guys and we know that they never share good data.



As you read this most of the hockey will be over for the season, the college, high school, youth, junior and minor leagues have played their 40 to 80 games and now can concentrate on healing all the damage that was done to their bodies. We hear a lot about brain damage in football players, but in another study it was presented that women soccer players suffer more brain injuries than any other sport in the US. I am sure that if enough research is done most sports will have a much higher “injury rate” than reported. Athletes make horrible patients, as they never will admit how much they are hurting and have to keep playing. Case in point is my oldest grandson, who broke his collar bone twice, but still wound up as the number 3 scorer in the team. He was very proud that he played through the pain.

So in closing, enjoy the good weather, play some golf, swim, bike or whatever. Just be sure to be safe, and think about what you can do to help others. Remember, Clinical Engineers are very important to good healthcare.

Until next time.

Dave Harrington
Dave@sbtttech.com

Journal of Clinical Engineering Subscriptions for ACCE Members

ACCE members receive a discounted subscription to the [Journal of Clinical Engineering](#) for only \$99! (Originally \$222). You must [login](#) to the ACCE website to view the code. Then visit [LWW.com](#) to enter code.

AAMI Update

Respected Healthcare Technology Leaders Nominated for AAMI Board of Directors

The AAMI Nominating Committee has selected five longtime AAMI volunteers and well-known industry figures—including a longtime leader at the nation's largest healthcare accreditation organization—to serve on the association's Board of Directors.

Four candidates were nominated as directors, and one was selected for a special vice chair position. The nominees are:

- Dave Deaven, a global quality engineering executive at GE Healthcare in Waukesha, WI. Deaven is active in international standards development, with a focus on health IT, and is a member of the AAMI Committee on Standards Strategy.
- Dave Francoeur, senior director of brand and quality at Sodexo in Brentwood, TN. Francoeur has been an AAMI member for more than 20 years. He has served as chair of the Technology Management Council, co-chair of the annual conference planning committee, and a member of the BI&T Editorial Board.
- Tina Krenc, director of life cycle quality at Abbott Medical Optics in Santa Ana, CA. Krenc has been the lead instructor for AAMI's Incorporating Risk Management into the Quality System course since 2006 and is active in standards development. She was nominated to be vice chair of training.
- George Mills, director of engineering at The Joint Commission. Mills is a director for the AAMI Credentials Institute and has presented at numerous annual conferences and webinars. He also is a member of AAMI's Medical Equipment Management Committee.
- Janet Prust, director of standards and global business development for 3M in St. Paul, MN. Prust has been an active committee member for 19 years, also

serving on the AAMI Standards Board. In addition, she participated in AAMI's meeting on humidity levels in the operating room as a stakeholder representative.

"One of AAMI's greatest strengths is its members, and this year the Nominating Committee had a large number of highly qualified candidates to consider for the Board of Directors," said Michael Scholla, chair of the AAMI Board and the Nominating Committee. "I am pleased with the slate the committee decided to present for election at the Annual Conference in June and look forward to these new nominees taking their places on the Board."

The candidates are scheduled to be elected during the AAMI business meeting, which will be held June 4 during the AAMI Annual Conference & Expo in Tampa, FL, with their terms beginning immediately thereafter.

AAMI Selects Firm to Lead Search for New CEO

The AAMI Executive Search Committee has retained Korn Ferry, a leading global executive recruitment firm, to conduct the search for the association's next president and CEO.

"The search committee thoroughly interviewed a short list of three finalists at a meeting in early February before selecting the firm it believes will deliver the best results for AAMI," said Committee Chair Phil Cogdill, senior director of sterilization and microbiology at Medtronic. "Korn Ferry was unmatched in its understanding of healthcare, the discipline behind its search processes, and its preparation for the interview. The decision to retain Korn Ferry was a unanimous one."

The search will be co-led by Lorraine Lavet, national association practice leader, and Rick Arons, a senior client partner with the firm. Arons, a former leader in the research and engineering fields, has led more than 70 assignments for both medical and non-medical companies, such as GE, Johnson & Johnson, Honeywell, and United Technolo-

gies.

A leadership description is in development, and the goal is to be in a position to start accepting candidate résumés by early June.

Foundation Looks to Industry, Healthcare Facilities to Back Device Training Initiative

The AAMI Foundation is laying the groundwork for a new national initiative aimed at improving how clinicians are prepared to use healthcare technology, a significant challenge because of the rising number and growing complexity of medical devices.

The Foundation is now reaching out to industry and other partners to determine how much support exists for such an initiative, which would follow the basic model of earlier campaigns that focused attention on a specific patient safety issue through the prism of healthcare technology.

The possible two-year initiative on complex technology preparation stems from the AAMI Foundation's first Industry Council meeting this past January during which attendees talked about how daunting this preparation can be when time is scarce and new devices are constantly being introduced into the healthcare setting.

During this event, participants agreed that improving education and training was just one part of any long-term solution. There also was acknowledgment that creating lasting change would require the input and participation of a number of different stakeholders—nurses, device manufacturers, patient safety advocates, hospital administrators, professional organizations, regulators, and others. To move this effort forward, the AAMI Foundation is offering to help these diverse groups find common ground.

"Based on the outcomes of our first Industry Council event, we believe that the AAMI Foundation is in the unique position to act as a neutral convener to move this effort forward," said Marilyn Neder Flack, senior vice president of patient safety initia-

(Continued on page 5)

AAMI Update (Continued)

(Continued from page 4)

tives and executive director of the AAMI Foundation. “To do this, we would establish a coalition that would focus on creating a national vision and strategy for preparing clinicians—beginning with nurses—to work with complex technologies. We already have leveraged this model with great success with our National Coalition for Alarm Management Safety and National Coalition to Promote Continuous Monitoring of Patients on Opioids, and we see how a coalition would lend itself to this important issue.”

Funding for such a coalition is crucial because the challenge is so complex that it will take a coordinated and sustained effort to bring about real change, according to Flack.

In general, the coalition would:

- Develop recommendations and/or guidelines for ways to assess competency in the use of complex technology.
- Build a repository of best practices for educating and assessing competency of caregivers who use healthcare technology.
- Create recommendations and/or guidelines to assist in the purchase of com-

plex healthcare technology.

- Build a business case for allocating financial resources to this initiative and training.
- Identify current models for device technology education.
- Develop guidelines and/or standards pertaining to the training materials included with medical devices.
- Standardize training across all care settings, units, devices, brands, and users.

With sufficient financial support, the Foundation would launch this new initiative with a coalition kick-off meeting in the fall. For more information or to pledge your support for this initiative, please contact Flack at mflack@aami.org.

CE-IT Community Announces 2016 Town Hall Schedule

The CE-IT Community—a collaboration between AAMI, the American College of Clinical Engineering, and HIMSS—has scheduled seven free town hall meetings that cover a wide range of topics important to those in the healthcare technology field.

The series kicked off in March with a two-

part medical device cybersecurity event. The remaining meetings will cover:

- Outcomes of the IHE Connectathon and a look ahead to the interoperability showcase: Wednesday, May 18, 1–2:30 p.m. EST
- Medical image interoperability: Wednesday, July 27, 1–2:30 p.m. EST
- Healthcare IT risk management: Wednesday, Sept. 28, 1–2:30 p.m. EST
- Acquisition and lifecycle management of integrated systems: Wednesday, Nov. 16, 1–2:30 p.m. EST
- Education and certification in the healthcare IT space: Wednesday, Jan. 27, 2017, 1–2:30 p.m. EST

Each meeting will feature a panel of experts and will be moderated by Elliot Sloane, president and founder of the Center for Healthcare Information Research and Policy. You can register for any or all of these town hall events at www.aami.org/CEIT_townhall.

AAMI Staff

Are you a leader in the clinical engineering field?

Would you like to give back to your profession by becoming a mentor for a student or early careerist in clinical engineering?



Then complete the [ACCE Mentor Form](#) and send it to mentoring@accenet.org, we will contact you once we have matched you with your mentee.

If you have any question or interested in more information on how you can become involved, please contact us at mentoring@accenet.org

Be sure to share this with anyone else that you think might be interested.

For more about ACCE Mentoring Program, please [click here](#)

Join ACCE at AAMI 2016, Tampa



Clinical Engineering Symposium: Impact of MDI on Medical Device Assessment & Acquisition

Saturday, June 4, 2016, 7AM-11AM

Tampa Convention Center, Ballroom A

A light breakfast will be available prior to the session, so plan to arrive 15 – 30 minutes early.

Description: The interconnectedness of technologies in the healthcare environment has changed the risk landscape for the safe selection and support of medical systems. This symposium will take a critical look at the impact of medical device integration (MDI) on the device assessment and acquisition processes, covering a wide range of topics from data security to software support costs. Attendees will learn about best-practice assessment & acquisition considerations to ensure successful deployment of medical systems and will also hear first-hand accounts of success (and failure) stories from the field.

Speakers:

Keynote: Elliot Sloane

Ken Fuchs, Jon Garguilo, Dale Nordenberg, Erin Sparnon, Jeff Peacock, Jennifer Ott, Ted Cohen, Steven Juett, Angie Mulinix, Michael Fraai, Roberto Torres Jr., Tobey Clark, Samantha Jacques

26th Members Meeting/Awards Reception

Sunday, June 5, 2016, 7:30PM-10PM

Tampa Marriot Waterside Hotel & Marina

Network with your peers and congratulate the [2016 Advocacy Awards recipients](#)

[RSVP today](#)

ACCE Booth at the Exhibit Floor, [Booth# 1033](#)

ACCE Announces the 2016 Advocacy Award Recipients

For more information about the ACCE Awards Recipients, visit the [ACCE Website](#).

ACCE 2016 Challenge Award



David Barash, MD

ACCE/HTF 2016 Marv Shepherd Patient Safety Award



Nathaniel M. Sims, MD

ACCE 2016 Tom O'Dea Advocacy Award



Tom Judd, MS, FACCE, CCE

ACCE 2016 Lifetime Achievement Award



Frank Painter, MS, CCE, FACCE

ACCE/HTF 2016 Professional Achievement in Technology Award



Rebecca Gandillon, MS

ACCE 2016 Professional Achievement in Management Award



Izabella Gieras, MS, MBA, CCE, FACCE

ACCE 2016 Antonio Hernandez International Clinical Engineering Award



Ledina Picari, MS

ACCE/HTF 2016 International ACEW Award



Instituto de Engenharia Biomedica,
Universidade Federal de Santa
Catarina, Brazil

ACCE HTM Champion 2016 Award



Mary Logan, JD, CAE

Perspectives from ECRI Institute

Please indulge me as I use this space to honor James McCauley, a great friend, clinical engineering colleague, and “long lost” cousin who sadly and suddenly passed away in March.

In 1990 I was invited to speak at the annual Australian Biomedical Engineering Conference in Adelaide South Australia. The conference took place a year after I was married, and I was lucky enough to bring my wife along for a nice one year anniversary trip. Before we left on our trip my mother sent a letter to an Australian cousin that she had kept in touch with over the years. She wanted to let her know that Alisa and I would be in Australia. Unfortunately, our itinerary did not allow for a side trip to our cousin’s home in Canberra.

During one of the first days of the conference I happened to meet a young clinical engineer about my age, also named James, who attended one of my presentations. I also heard him present and we seemed to make some kind of connection. The next night, at the conference dinner James came up to me with a huge grin on his face. He told me that he had just called his mother to check in on his children. She was watching them while James was away at the conference. She told him about a letter that she had received from a cousin (my mother) informing her of the trip that Alisa and I were taking to Australia. So, it turned out that James and I were cousins. Can you believe it? I traveled all the way around the world and literally bumped into a cousin I didn’t know I had! It’s an amazingly small world!

When we met, James and I were both young clinical engineers getting started in our careers. Over the next twenty-five years we stayed in touch and followed and admired each other’s very interesting and rewarding careers. I became a Vice President at ECRI and President of ACCE. James directed the biomedical engineering program at Westmead Children’s Hospital in Sydney and served in numerous Australian national biomedical engineering leadership roles.

I was lucky enough to be an invited keynote to the same conference in 2009 and 2015. James hosted me at his home near Sydney on each of those trips and served as my professional tour guide at various meetings and speaking engagements in Sydney and during the annual meetings. He was an extremely gracious and thoughtful host. On my most recent trip James and I took a long drive from his home north of Sydney to Canberra to visit his parents. We then drove on to Melbourne for the annual conference. It was a great time and a great way to experience Australia. All along the way I felt like I was drinking from an encyclopedia as James shared his vast knowledge of Australia, our profession, and many other topics. It was fascinating.

Sadly, James and I won’t have a chance to take another road trip together. A few weeks ago I was shocked to receive a message from another cousin informing me that James died suddenly while visiting his parents in Canberra. After breakfast one morning he said that he was going to lie down to rest and read before heading



James McCauley near his home on Macmasters Beach north of Sydney.

out on an activity with his parents. He never got up from that rest.

James was one of the most brilliant people that I have ever met. He received a master’s degree in biomedical engineering from the University of New South Wales in Sydney and a Ph.D. in medicine from the University of Sydney. His Ph.D. research involved indirect calorimetry for the clinical measurement of oxygen consumption. His initial calorimetry work was with horses. He then applied his research to pediatric patients which eventually led to his work at Children’s hospital of Westmead. In a personal communication to his family Kevin Gaskin, supervisor of James’ calorimetry work noted that with “pure genius” James developed one of the world’s first integrated indirect calorimeters. It measures resting energy expenditure, which allows for the estimation of oral energy needs in a variety of childhood diseases including, Cystic Fibrosis and Anorexia Nervosa. Dr. Gaskin and his colleagues used James’ machine to conduct clinical studies for twenty years.

James loved to share his knowledge of clinical and biomedical engineering. He served as a graduate advisor and mentor for students at the University of Sydney. I remember him proudly telling me that one of his students had received the University’s “Uni” award as its top biomedical engineering student. Probably his most rewarding work was with Open Hearts International where he travelled at least seven different times to Myanmar to help set up its clinical engineering programs and train clinical engineers and biomedical equipment technicians. James was known for being able to fix anything, whether it was a lawnmower, power boat engine, or ultrasound scanner. You can imagine how helpful that would be in a developing country like Myanmar.

James, I’m so thankful for our chance encounter 1990. May you rest in peace.

Jim Keller, Vice President for International Market Development, ECRI
jkeller@ecri.org

HIMSS 2016 – An International Perspective

HIMSS 2016 brought 40,000 plus attendees to Las Vegas. Although HIMSS may be perceived as a vendor-centric healthcare information technology trade show, I appreciate that this show is also the nexus of activities that brings together organizations, professionals, and leaders from diverse corners of health care information technology. Involvement of all stakeholders is essential to identify, analyze, and solve the issues that block the benefit of the use of technology to improve the health of our communities.

While there were topics more visible this year like cybersecurity and revenue cycle, Interoperability and Innovation kept coming up as key drivers of progress.

The top US Government official at the conference this year, Sylvia Burwell, Secretary of the US Department of Health and Human Services mentioned on her keynote address that interoperability is needed to reform the US healthcare delivery system; then, blasted information blocking – a tacit or open practice for vendors to protect their markets by not sharing data with competitors – and called for interoperability standards. She pledged to use the leverage of her office to implement solutions. In fact, she announced that her office had reached agreement with the main EHR vendors that provide EHRs and related systems to 90% of US Hospitals to work together and make it easier for patients to access their own information across vendors, and to adhere to interoperability standards.

Innovation was brought up at the second keynote address by Michael Dell; founder of Dell Computer Corp. Mr. Dell mentioned that the sheer proliferation of IT related devices and the massive amount of data generated by these devices are driving digital innovation, and that genomics, molecular imaging, and immunotherapy applications are soon coming.

One important driver of innovation is the CMS reimbursement move from the fee-for-service to the value-based care model (like Kaiser Permanente). EHR vendors are hard-pressed to come up with certified solutions that help the providers demon-

strate patient outcomes that promote health and avoid financial penalties. There is a field of opportunities along the health care continuum to bring innovative solutions and deliver better care at a lower cost. I noticed that the revenue cycle booths were more visible this year as I made my pilgrimage through the exhibit floor.

Steven Grimes, past ACCE president, past Chair of HIMSS Medical Device Security Task Force, and Chair of HIMSS Patient Safety Task Force, made the audience at the Cybersecurity Symposium aware of the acute safety risk to patients resulting from Cybercriminals hacking and taking out hospital medical networks. Steven promoted enhancing the communication and working relationship between clinical engineers and IT professionals as they jointly design processes to address the security vulnerabilities in their systems. He further recommended hospitals to inventory their networkable and networked medical devices and the type of data that is vulnerable. With this information the hospitals can identify security gaps and design solutions.



Steven Grimes speaking at the Cybersecurity Symposium

The CE-IT/ACCE reception at HIMSS was well attended. We were glad to see our HIMSS liaison and longtime friend Christel Anderson. She was promoted to HIMSS Senior Director, Interoperability Initiative, and introduced her replacement Tammy Kwiatkowski, Director of Informatics. Tammy and ACCE Secretariat Suly Chi were the key organizers of this activity. Paul Sherman, ACCE President, facilitated the event and had the Chair or representative from each of the ACCE Committees present a report of activities to the audience.



Jennifer Jackson receiving the ACCE/HIMSS Excellence in Clinical Engineering and Information Technology Synergies Award, presented by ACCE President Paul Sherman.



HIMSS Awards Reception

To close, it is a pleasure to report that Jennifer Jackson, past ACCE President, was awarded the ACCE/HIMSS Excellence in Clinical Engineering and Information Technology Synergies Award. The ACCE-HIMSS Excellence in Clinical Engineering and Information Technology Synergies Award recognizes leadership in promoting and implementing synergies between the clinical engineering and information technology professions with contributions either professional or technical in nature. The Boards of Directors of both organizations jointly select the recipient.

I hope to see you in Orlando for HIMSS 2017.

Mario Castaneda, Healthitek, Inc.
mario@healthitek.com

VII Latin American Congress on Biomedical Engineering—CLAIB 2016

The Regional Council of Biomedical Engineering for Latin America (CORAL) will host the VII Latin American Congress on Biomedical Engineering – CLAIB 2016 – at the Universidad Autonoma de Bucaramanga in Colombia, October 26—29, 2016. The Congress is organized by the Colombian Association of Bioengineering and Medical Electronics (ABIOIN).

The Latin American and the international communities are invited to attend CALIB 2016. The event is sponsored by the International Federation for Medical and Biological Engineering (IFMBE) and the Society for Engineering in Medicine and Biology (EMBS) from the Institute of Electrical and Electronic Engineering (IEEE).

ACCE has been invited to be part of the Scientific Committee, and Antonio Hernandez (Chair of the ACCE International Committee) has been appointed as Area Coordinator of Clinical Engineering and Health Technology Assessment.

ACCE has a long history with CORAL and there have been exchanges between the organizations looking for common grounds and areas of interest to strengthen their cooperation. It is common for ACCE members to be invited as speakers at CORAL Conferences. Several members of the national biomedical societies that form CORAL are also ACCE members.

The first CALEB Congress on November 11-14, 1998 in Mazatlán, Mexico (organized by Adriana Velazquez as president of the Mexican Society of Biomedical Engineering (SOMIB) and also President of CORAL) was attended by an ACCE delegation of seven members, including President Robert Morris. Since then, ACCE has participated in several CALEB Congresses and in Latin American Biomedical Engineering Conferences.

CLAIB 2016 Organizers have extended an invitation to the ACCE Members to submit scientific papers. The languages of the Con-

ference are Spanish, Portuguese, and English. In all cases, the Abstract should be written in English showing objectives, methods, results, and conclusions. The approved papers will be published by Editorial Springer in the “IFMBE Proceedings” in a similar format to the Congress CLAIB 2014 (see this link <http://www.link.springer.com/book/10.1007%2F978-33642-211980-0>). This implies that the approved and presented works will appear as scientific articles fully accessible via web, free of charge for all members of CORAL and ACCE societies.

Please view the invitation from CLAIB 2016 organizers below.

*Antonio Hernandez, International
Committee Chair
internationalchair@ACCEnet.org*

Professors, researchers, businessmen, students

I invite you to participate as speakers or to attend the VII Latin American Congress on Biomedical Engineering that will be on October 26-28, 2016. To register with a reduced price, you have to do it before March 31, 2016 on the website: www.abioin.com. In the registration options, select CLAIB 2016. If you sign up to send the original research or posters, you should do it through "easy chair" with the respective button on the top of the page (www.abioin.com), or red bar that says "click on the image to include original research on easy chair."

The deadline for submitting papers and posters is June 15, 2016 (see Instruction to Authors for more details). All submissions are sent for evaluation by the international scientific committee of the corresponding area of biomedical engineering and related fields. The works evaluation will be performed according to the academic rules and explicit processes of inscription section.

We would be very pleased to count on your participation.

Organizing Committee CLAIB 2016
Bucaramanga, Colombia

ACCE Job Website Job Postings

For posting job opportunities, please contact Dave Smith at advertising@accenet.org

Contributions to the ACCE Newsletter are always welcome. For ACCE Newsletter Guidelines, please go to: <http://accenet.org/publications/pages/newsletterinfo.aspx>

Congratulations to the following ACCE Members on their 2016 AAMI Awards!

The AAMI Foundation & ACCE's Robert L. Morris Humanitarian Award



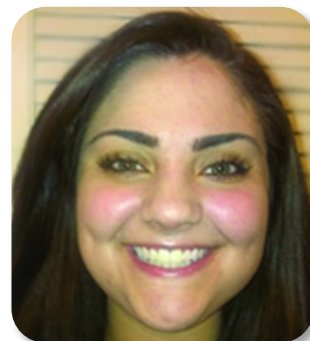
Roy G. Morris, CBET, director of biomedical engineering for the International Children's Heart Foundation in Memphis, TN

AAMI's HTM Leadership Award recipient



Stephen L. Grimes, FACCE, FHIMSS, FAIMBE, managing partner and principal consultant for Strategic Healthcare Technology Associates, LLC

AAMI's Young Professional Award recipient



Jennifer DeFrancesco, chief biomedical engineer for the Indianapolis VA Medical Center and VISN 10

Spirit of AAMI Award Recipient



Larry Hertzler, MBA, CCE, vice president of technical operations at Aramark Healthcare Technologies in Charlotte, NC

AAMI Foundation Scholarship Winner



Sarah Brockway, MSBME Candidate, UConn, Storrs, CT

Read more about these and other 2016 AAMI award recipients: <http://www.aami.org/productspublications/pressreleasedetail.aspx?ItemNumber=1763>

Welcome New Members

Join us in welcoming our newest members, approved by the Membership Committee and supported by the Board of Directors:

Marie-Ange Janvier—Clinical Engineer, Children's Hospital of Eastern Ontario, ON/Canada—Associate Member

Dave Kwaku Tetteh—Biomedical Engineer, Genelec Support Services, Ghana—Candidate Member

Samuel Amponsah Tuffour—Biomedical Engineer, Genelec Support Services, Ghana—Candidate Member

Guilherme Breviglieri Leite—Engineering Supervisor, Hospital Vivalle, Brazil—Individual Member

James Pickering—Clinical Information Technology Consultant, Instrumentation Laboratory, MA/USA—Individual Member

Dennis Lanie—Manager, Franciscan St. Anthony Health, IN/USA—Individual Member

Richard M. Albanese—Sr. Director, Customer Services Programs and Operations, Philips Healthcare, OH/USA—Associate Member

Ailyn Moreira—Senior Logistic Specialist, New York Presbyterian Hospital, NY/USA—Institutional—Associate Member

Joan R. Oakley—Clinical System Engineer, Kaiser Permanente, CA/USA—Institutional—Associate Member

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Journal of Clinical Engineering Call for Papers

The Journal of Clinical Engineering prints selections of the ACCE News in each issue and is interested in papers from you. If you have an urge to write, and good clinical engineering activities or ideas to share, please consider JCE as one of your outlets. One type of article not seen in a while is the Department Overview which presents how your department is structured and how it performs its functions. Shorter “Perspective” pieces are also welcome. You can discuss manuscript ideas with fellow member William Hyman, who is one of the editors of JCE.

Contact: w-hyman@tamu.edu.

Send manuscripts to William or Michael Leven-Epstein at: michael.levinepstein@gmail.com

Welcome New Members

(Continued from page 11)

Juuso Leinonen—Project Engineer, ECRI Institute, PA/USA—Institutional—Associate Member

David T. Jamison—Executive Director, ECRI Institute, PA/USA—Institutional—Associate Member

Benjamin Graham—Clinical Engineer, Cherokee Nation Assurance, MD/USA—Candidate Member

Congratulations to the following members who upgraded to Individual Member Status:

Joseph Ouellette—Clinical Engineer, Yale New Haven Health System, CT/USA

Rocco Ottolino—Clinical Engineer, Beaumont Health, MI/USA

ACCE Calendar

May 11, 2016

2016 CCE Oral Exam Review Webinar

[Registration form](#)

May 12, 2016

ACCE Webinar: Reusable Medical Equipment—Strategies for Maintenance and Workflow Efficiencies

May 18, 2016

CE-IT Virtual Town Hall: Outcomes of the IHE Connectathon/ Look ahead to Interoperability Showcase

[Register](#)

June 1-2, 2016

2016 CCE Exam Review Course
Tampa, Florida

[Registration form](#)

June 3-6, 2016

AAMI 2016 Conference & Expo
Tampa, Florida

June 4, 2016, 7:00 - 11:00 AM

Clinical Engineering Symposium by ACCE
Tampa, Florida

June 5, 2016, 7:30-10:00PM

ACCE Annual Members Meeting & Awards Reception
Tampa, Florida

[RSVP Here](#)

June 9, 2016

ACCE Webinar: Next Generation Medical Device Integration

ACCE

AMERICAN COLLEGE OF CLINICAL ENGINEERING

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