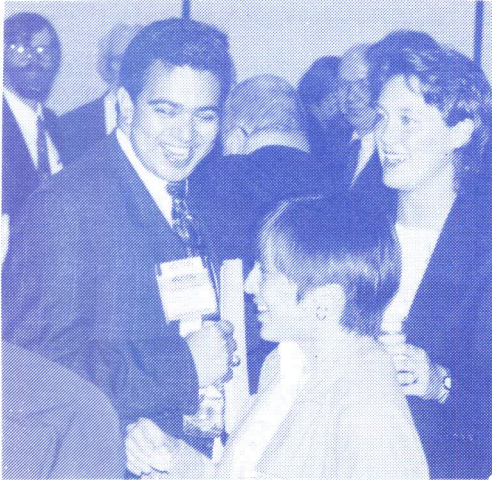


# ACCE News

Vol. 9, No. 3 – May 1999



## ACCE Annual Meeting

Our Annual Membership Meeting will be held on Tuesday, June 8 from 6:30 to 9pm in the Essex North ballroom at the Westin Copley Center, Boston, Massachusetts. The reception starts at 6:30 followed by the Meeting.

Hope to see you there!

## The National Patient Safety Movement is Underway

Marvin Shepherd, world renowned expert in medical device systems safety issues a wake-up call to clinical engineers as he identifies what has suddenly emerged as the rapidly growing patient safety movement. He points to opportunities for clinical engineers to excel in patient safety by utilizing human factors and systems engineering along with medical device expertise. *See inside page 9.*

## ACCE & AAMI in Brainstorming Effort

Several ACCE members met with AAMI staff and AAMI members to seek ways to enhance AAMI annual meetings. *See page 6 for details.*

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Teleconference: Clinical Engineering for the Millennium p. 14  
Y2K Benchmarking p. 12 ACCE Library p. 11

# ACCE News

21 Bob's Lane Setauket, NY 11733

American College of Clinical Engineering

# ACCE News

## ACCE Mission

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

## ACCE on the Web

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

## President's Message

Robert L. Morris, PE, CCE, [morris@ohsu.edu](mailto:morris@ohsu.edu)

I'll be looking for you at the Annual ACCE Membership Meeting. We need your ideas and your support.



Bob Morris

## ACCE News

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

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## Letters

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### TLC in technology – Is it there?

Sir--I'd like to comment on Ms. Danaher's keynote address at the recent HealthTech meeting. Her comments covered some exciting technological developments and application of those developments

by Hewlett Packard to the healthcare setting. I hope your readers will feel compelled to respond with their own input on this subject. I believe careful examination of the presentation brings up issues worthy of consideration by those involved in the application of medical technology.

Technological change is so pervasive and rapid it's become a cliché. In addition, our day-to-day environments are defined as much by opinions and fluid relationships as they are by the facts and the deterministic systems we all became adept at manipulating in school. In this environment, healthcare outcomes may be as much defined by intangibles like human contact and the state of mind of the patient as they are by machines and chemical equations. Of course engineers, technicians and high-tech companies should stick to what we know best; we should help with appropriate application of technology to healthcare problems and leave the "soft" issues to nurses, chaplains, counselors and others. But, part of this mandate is knowledge of when we're about to over-step our boundaries. Parts of Ms. Danaher's presentation left me wondering if we are beginning to put technology in the way of the human contact that's needed to deal with the "soft" issues.

Early in the HealthTech meeting one presenter talked about the virtues of overheads versus the software- and hardware-intensive presentations that have become popular as technology has advanced over the last few years. If the presentation is low-tech, the speaker asserted, the audience will focus on the message and not on the "gee-whiz" technology. The corollary in healthcare can be found in emphasizing the "soft" issues along with the technology issues - refusing to sacrifice the patient/care-giver interface for the patient/machine interface. Ms. Danaher, perhaps unknowingly, illustrated this point. Ms. Danaher and her thoughts about medical technology were all but lost behind the production assistants, teleprompters, computers, and video projectors. Hewlett Packard is a high-tech company so you might expect a high-tech presentation. But, the challenge for Hewlett Packard (and for the rest of us as well) may be finding a way for human contact and high technology to occupy the same space.

The web is a wonderful tool that allows us to do many things that we could not easily do before. But it also allows us to disconnect from each other. I don't have to go to the store anymore, I just log on. I can "visit" my mother by logging on. Of course the web releases me from mundane chores (like driving in city traffic, running all those Saturday errands and sifting through a library full of data to find what I want) so that I can spend time on activities I enjoy. However, Ms. Danaher's presentation prompted a vision of a healthcare marketplace in which I don't have to visit the doctor, I just log on; I don't have to visit a sick relative in the hospital, I just log on. My concern is that in the current climate of cost cutting efforts, it's a very short trip from "don't have to" to "am not allowed to."

An example can be found in the banking industry. Like healthcare, banking requires a high degree of trust between the customer and the business. In banking, the process used to be facilitated by face-to-face contact. When technology advanced to a point that the human teller was an expensive luxury and customers began to demand more access to the banking institution, ATM machines began to appear. They made our lives easier by allowing us to do things that were difficult before - like get cash at any hour of

the day or night. But many of us can now report having been charged extra fees for speaking to a human teller.

Technology can be used to make things possible and/or it can be used to cut cost - in this case by rationing human contact. I had mixed feelings as I watched Ms. Danaher's video of a 4-year-old kissing a video image of her hospitalized baby brother. I was impressed by the technology, but I wondered how close we've already come to Huxley's *Brave New World*. I'm not suggesting that we go back to some idealized vision of "the good old days" before technology invaded our lives, and I'm not suggesting that we attempt to stop the wheels of progress. However, I think we need to continue to ask ourselves a question that has been suggested many times by many people: "Is this going to improve patient care?" When applied to Ms. Danaher's presentation, the answer may be a resounding "Yes!" But we should recognize that answering the question might be complicated by the marriage of two competing factors in healthcare: (1) commercial viability of the organizations by which we are employed and (2) carefully guarded quality of patient care. The real answer to this situation may lie in somehow separating the two questions and/or standardizing ways of answering the questions.

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

## Advanced Clinical Engineering Workshops in 1999

### June

Hartford, CT  
ACCE / BEACON (sponsors)  
Chair: Frank Painter 203-261-3921

### September

Moscow, Russia  
ACCE / WHO / Association of  
Medical Physicists of Russia  
Chair: Yadin David 713-770-1817

### November

Johannesburg, South Africa  
ACCE / WHO  
Chair: Tom Judd 404-364-7140

# ACCE News

April 21, 1999

FOR IMMEDIATE RELEASE

## *VA Issues Guide for Medical Facilities' Year 2000 Preparations*

Washington, D.C. -- The Department of Veterans Affairs (VA) has published a patient-focused contingency planning guide to help VA and other health-care facilities prepare for the Year 2000 date change.

One large health care-related organization said VA's Patient-Focused Year 2000 Contingency Planning Guidebook provides "information that will greatly help our members as they continue to refine their contingency plans for Year 2000."

"In fact, we've already posted it to our website for our membership to hyperlink to VA's comprehensive work," said Nancy Darr, vice president of planning and program development at Premier, Inc., which has more than 1,700 member hospitals.

The guidebook provides an easy to follow, nine-step approach to constructing a Year 2000 contingency plan, complete with sample contingency plans for each department in a typical health care facility as well as an overall plan for an entire facility. Suggestions to limit adverse impacts and risks also are provided with each sample.

The guidebook contains an extensive outline to assess, renovate, validate and prepare contingency plans for medical devices; a comprehensive assessment of potential external threats, such as utility, trash, and transportation systems failures or outages; and provides guidelines for Year 2000 emergency preparedness training and drills. The guidebook also has recommendations for exercising and testing critical utility systems such as emergency power and water.

As a public service, VA has made the guidebook available free of charge on the department's Internet Home Page at [www.va.gov/year2000](http://www.va.gov/year2000).



Contingency Planning

## Painter Praises Wang

In a letter to Dr. Binseng Wang, Frank Painter writes the following on Wang's role in HealthTech 99 – Ed.

The whole thing was awesome! The individual chairs were gooooood, but the Magnanimous Master of Ceremonies, Auspicious Assembler of the Program and Superlative Supervisor of ACCE Activities at HealthTech, your smiling self was the real hero. Thank you for YOUR hard work. ACCE gladly accepts your reappointment as HealthTech ACCE Track Organizer. Nice Job!



Frank Painter



Binseng Wang

## HealthTech'99

*Binseng Wang, binseng@voicenet.com*

On behalf of ACCE ad-hoc committee for HealthTech 99 (Jim Wear, Frank Painter, and me), I thank all of you that "volunteered" be to chairpersons for the ACCE sessions. Most of the sessions were well attended and seemed useful and interesting to the participants. The ACCE participation was clearly visible and significant throughout the whole event. I hope you also enjoyed the entire event.

ACCE would appreciate feedback in the form of comments, suggestions, and criticisms, as we will be planning for the ACCE Track in HealthTech'2000 in the near future. As usual, silence will most likely be interpreted as satisfaction and acquiescence to be re-nominated as chair for the next year's event.

## Emerging CD Technology Applications

*Alfred Jakniunas, ajakniunas@huhosp.org*

CD technology continues to expand in the information storage market. The new CD-ROM technologies are gaining tremendous momentum as users begin to realize its benefits. The current storage capability on CD-ROM is 650 MB. The next generation optical standard is now available. Today almost

everything can be placed on CD-ROM, including video and sound. The delay in DVD development (acceptance of standards) has resulted in sales of CD-RW to jump from \$1 M in 1997 to \$5 M in 1998. The rewritable CD-RW opens many new applications from low cost service manuals, equipment in-service, electronic catalogs, and powerful marketing and sales tools.

Last year's opinion was to distribute instruction and service manuals using the CD as a carrier. Some of the developers who have looked into this approach felt that in the long run it might create problems. If the manufacturer had 50 different products and each product had 3 updates, then the manufacturer would have 150 manuals. Supplying the right manual to the owner of equipment could be logistically complex. One suggestion has been for the manufacturer to download manuals to the hospital computer direct. Strong support also exists for downloading from a manufacturer's web by way of the Internet. This later approach may not be acceptable by some manufacturers since it does not provide a high level of security even with a password.

For the next couple of years manufacturers will experiment with service manual development using direct download, CD, Internet, and the reliable three-ring binder printed manual. DVD with 3.9 GB applications will emerge in year 2003, the DVD-R recorder will be available for \$5000, and the multi-track reading high-speed CD-ROM will appear in 1999. R&D efforts underway will bring us a disc, the size of CD, carrying 165 GB. If you know a good application, this is the time to get in.

What is your opinion? Please send your comments and recommendations to me at [ajakniunas@huhosp.org](mailto:ajakniunas@huhosp.org). You may also send a letter to the editor who was good enough to print the above.

Editor's Note: The above is a summary of a paper presented at HealthTech 99, Baltimore, Maryland, an event sponsored by ACCE.

## New York City Metropolitan Area Clinical Engineering Directors Group

*Ira Soller*

The New York City Metropolitan Area Clinical Engineering Directors Group met on February 9 at St. Luke's – Roosevelt Hospital in New York City. ACCE member Mike Mirsky hosted the meeting. Mr. Frank Merne and Mr. Jim Yoder of Drager presented a lecture on *Principals & Operation of Vaporizers*. Subsequent member discussion included sharing of information relating to Y2K including SIIM and the FDA public health message dealing with use of "protected" patient cables.

The group met again on March 23, 1999. Mr. Mike Mitton and Mr. Sean Howe of Datex-Ohmeda lectured on *Principles of Volume and Pressure Ventilation including Pathology*. Those requesting information or manufacturers interested in making presentations should contact Ira Soller, Director of Biomedical Engineering, State University of New York, Downstate Medical Center, 450 Clarkson Ave., SMIC Box 26, Brooklyn, NY. 11203. 718-270-3192, 718-270-3194 fax.

