

ACCE News

Newsletter of the
American College of Clinical Engineering

Volume 16, Issue 3:
May June 2006

Join ACCE in Washington, DC in June

ACCE does not stop for a moment. With the ACCE-HIMSS activities behind us, but not forgotten, ACCE is getting ready for yet another success in historical Washington, DC during the Annual AAMI Conference and Expo this June. We could not ask for a better setting as I am sure many of us are already contemplating how to squeeze in a few days around the conference for some sightseeing!

For the past few months the ACCE Board and the Committees have been working diligently to prepare a very exciting and highly educational program of ACCE events and meetings in Washington, DC. The AAMI conference will start with the clinical engineering symposium presented by ACCE on *Building a Better Healthcare System – Clinical Engineering's Role*, focusing

on clinical engineers' leadership in identifying opportunities to reduce medical errors and improve patient outcomes. The AAMI Foundation/ACCE Robert L. Morris Humanitarian Award will be presented at the Dwight E. Harken, MD, Memorial Lecture and Awards Luncheon on Sunday, June 25. For those who are interested in exploring clinical engineering certification or have already submitted their application, I encourage you to please sign up for the half-day CCE Review Course which will focus on all topics contained in the clinical engineering certification exam. The program will take place on the afternoon of June 25 and was put together by the newly formed ACCE Education



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

Committee charged with the educational and promotional aspects of the clinical engineering certification program. The ACCE Annual Membership Meeting is planned for Sunday, June 25 at 6:30 pm.

The evening will start with a reception, courtesy of Four Rivers Software and will follow with lively

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AAMI2006
CONFERENCE & EXPO

Association for the
Advancement of
Medical Instrumentation

June 24–26, 2006 | Washington, DC

ACCE Seeks Ad Manager for News & Web

ACCE is seeking a member to volunteer as an advertising manager for ACCE News and lead a new effort to place advertisements on ACCE's Web site. This is an important revenue generation role for ACCE and will provide a great opportunity to make new contacts in our industry. The advertising manager will work with the ACCE Board to establish advertising policies and rates, and will solicit advertising from a variety of organizations interested in supporting ACCE's mission. The advertising manager will also work with other ACCE members volunteering to assist with the generation of advertising leads. Potential advertising sources include medical device manufacturers, independent service organizations, clinical engineering-related publications, consulting services, and health-care institutions (e.g., for job postings). Please contact Jim Keller at jkeller@ecri.org if you are interested in volunteering or if you have any questions.

CCE Review Course Teleconference Series

ACCE is holding a CCE Review Course Teleconference Series to help clinical engineers who are interested in taking CCE examination offered by the Healthcare Technology Certification Commission. This course is designed and presented by a group of experienced clinical engineers. It will provide you with an overview of the certification topics, help you identify areas in which you need further review and help you prepare for the CCE examination.

These teleconferences will be held at 12 Noon Eastern Time (9:00 AM Pacific Time etc). The first session will be 120 minutes, followed by 4 sessions of 90 minutes each. The presentations will be

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ACCE Mission

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

ACCE Certification—What You Need to Know

- 1) The written exam will be given in 29 cities throughout the US on November 18, 2006. Application deadline is September 28.
- 2) For an extra fee, the written exam can be given in almost any city in the US or in almost any major city in the world.
- 3) Applications are being accepted now for the November 18 exam. Please include references and transcripts with application.
- 4) The handbook that describes the process, and the application that needs to be completed, can be found on the certification website: www.acce-htf.org/certificaton.
- 5) A study guide has been recommended by several who recently passed the CCE exam and became certified. Walter Burdett of the VA Medical Center in Syracuse, NY said " The Study Guide was an excellent fit to the style, vocabulary, content and level of difficulty of the written exam. The bibliography was very useful."

ACCE News

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Advanced Clinical Engineering Workshop: Ethiopia

Ethiopia. What other country can attract western visitors with thirteen months of sunshine and the promise to be seven years younger¹? Approximately 75 million Ethiopians speak up to 87 indigenous languages in a land that is about twice the size of Texas; the Federal Republic of Ethiopia can boast that it is the oldest republic in Africa (having never been colonized – depending on how you define the presence of the Italian visi-



Horse and Rider in Queue for a Race tors in the early 1900's). At every turn, Ethiopia has something different to entice, intrigue, and fascinate any visitor.

This eclectic country played host to the ACCE-sponsored Advanced Clinical Engineering Workshop. From January 30 to February 3, 2006, I worked with fellow



St George's Church in countryside outside of Addis Ababa



Jennifer Jackson on "alternative" transportation.

ACCE members Kevin Taylor (team leader) and Bruce Barkalow as faculty members for this healthcare technology summit. Sponsored by the country's Ministry of Health, ORBIS, and the Ethiopian National Scientific Equipment Center (NSEC), we were joined by Ismael Cordoro of ORBIS and Peter Heimann and Andrei Issakov of the World Health Organization (WHO) to engage the participants in a four-day symposium and workshop dedicated to reviewing the current situation in Ethiopia.

Through their comments, this participant group showed they were already well-versed in the healthcare technology concepts: the hungarian born radiologist discussed the frustration of waiting for three months before a manufacturer-sponsored field engineer arrived to complete a 5 minute service call; the ethiopian-born, Johns Hopkins University-trained medical director expressed concern for the shortage of educated BMETs and CEs in his country; the german-educated BMET compared his work experience in Cuba to his work experience in Ethiopia.

Altogether, this was an educated and experienced group of participants that could easily articulate what they needed. The faculty spent the week helping them describe those gaps and draft a blueprint for an Ethiopian Healthcare Technology Management Program.

Before the formal program began, NSEC hosted three site visits to hospitals in Addis Abbaba. We visited two government (Black Lion



Scene from a Dialysis Unit at St. Vincent's

and Menelik II) and one private (Saint Gabriel General) hospital. We had the opportunity to meet with medical directors and BMETs at all institutions and we walked away with a heightened understanding for the Ethiopian

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Broken Equipment waiting be fixed or removed from the hospital

¹Ethiopia follows Julian calendar, which consists of twelve months of thirty days each and a thirteenth month of five days some times six days in leap year. The calendar is seven years and eight months behind the western (Gregorian) calendar.

Certification in Clinical Engineering FAQs

[Editor's Note: This section excerpted from the ACCE Healthcare Technology Foundation Brochure "Certification in Clinical Engineering FAQs." For more information visit www.accenet.org]

Does a candidate for certification have to be an ACCE member or a member of any other organization?

No. There are no ACCE membership requirements for participating in the CCE program

Which organizations are responsible for Clinical Engineering Certification?

The three key organizations are the U.S. Board of Examiners for Clinical Engineering Certification (the Board), the Healthcare Technology Certification Commission (the Commission), and the ACCE Healthcare Technology Foundation (the Foundation).

The primary duties of the Board are to develop the examinations and renewal process and review candidates for eligibility. The Board reports to the Commission.

The Commission is responsible for the management of the examination process and managing the finances of the CCE program. The Commission is a program of the Foundation.

The Foundation is currently providing financial support to supplement fee revenue. For more information on the Foundation see <http://www.acce-htf.org> or call or e-mail the Secretariat at (610) 825-6067 or certification@accenet.org.

Are these organizations part of ACCE or of AAMI?

No. While it is true that these organizations emerged from efforts of ACCE, the Foundation, Commission and Board are now independent organizations. Even the Foundation, which has ACCE in its name, is not formally part of the ACCE. AAMI plays no role in the current CCE program.

The Board uses the ACCE Body of Knowledge survey as a guide in preparing the subject matter for examination questions.

The ACCE encourages its members and other clinical engineers to become certified.

The ACCE offers a CCE Study Guide and a certification review course. Doesn't this mean that the ACCE is part of the certification process?

No. The ACCE study guide was written by an independent group of clinical engineers not associated with the Commission or the exam process. ACCE administers its certification review programs independent of the Board or the Commission.

Is the philosophy of the test to make it so difficult that it is very challenging to pass thus limiting the number of CCEs?

The intent of the certification process and the exam is to establish minimum qualifications to be recognized as a CCE. This means that the test is designed so a well-qualified clinical engineer can pass it without great difficulty.

AAMI also has a CCE registry but does not administer a CCE program. Why is that?

AAMI continues to list CCEs who were certified or have renewed un-

der their old certification program which ended eight years ago, but that program no longer offers clinical engineering certification. A list of CCEs certified under the current Commission program can be found at <http://www.acce-htf.org/certification>.

Where can I find additional information?

The official site for CCE information is <http://www.acce-htf.org/certification>. This site has the *Candidate Handbook for Clinical Engineering Certification*, the *2006 Candidate Application Form*, a link to the ACCE study guide, and contact names for further information

Why should I become a Certified Clinical Engineer?

The purpose of certification is to promote the improvement of healthcare delivery through the continuing assessment and recognition of the competency of professionals who support and advance patient care by applying engineering and management skills to healthcare technology.

The individual holding Clinical Engineering Certification demonstrates competency as measured by examination designed by one's peers.



Certification in Clinical Engineering is a program of the ACCE Healthcare Technology Foundation through the Healthcare Technology Certification Commission and the U.S. Board of Examiners for Certification in Clinical Engineering

<http://www.acce-htf.org>

Perspectives from ECRI: Intensive Care Ventilators

ECRI recently completed a comparative evaluation of intensive care ventilators. This study was part of an ongoing series of ECRI evaluations of the intensive care ventilator market published over the last several years. Intensive care ventilators provide temporary support for critically ill patients who require total or partial assistance to maintain adequate ventilation. These devices deliver positive-pressure breaths to the lungs to support gas exchange, to open or maintain ventilation of the alveoli (where gas exchange occurs), and to relieve the ventilatory muscles until the patient is able to safely resume adequate spontaneous ventilation.

Ventilators are among the most important technologies that a clinical engineering department can support. They provide life saving and life sustaining functions for critically ill patients. One of the key ways that clinical engineers can support this technology is to help their hospitals purchase safe devices that can best meet the clinical needs of their patient population. ECRI's recent evaluation found that not all ventilators can do this. One of the evaluated devices was rated Unacceptable because of serious problem with its alarms. Two models were rated Not Recommended because they lack features that help ensure that a variety of patients can be treated effectively

and with maximum comfort. Regarding the two Not Recommended devices, ECRI judged that they can be used safely, but are not a wise investment for a hospital's intensive care unit.

ECRI's evaluation covered ten different model ventilators. Devices were assessed based on cost, availability of key features like neonate-to-adult ventilation, overall performance, alarms and other safety features, ease-of-use, monitoring and communication, quality of construction and reliability. In addition to ECRI's comparative ratings we provided a detailed overview of the technology, a purchasing guide, and a review of essential ventilator safety features. The availability of essential safety features was one of the key factors used to establish the overall ratings for the evaluated products.

The ventilator evaluation was published in the May 2006 issue of ECRI's *Health Devices* journal. Members of ECRI's SELECTPlus and Health Devices programs can view this issue online at www.ecri.org. ECRI designed its ventilator evaluation to be a comprehensive resource for clinical engineers and other hospital personnel involved with the use and procurement of this technology. We encourage hospitals to use our information as a guide for selection of this technology. We are also interested in hospitals' feedback on



Jim Keller is ECRI Vice President for Health Technology Evaluation and Safety, and a past Member at Large for ACCE's Board

their experiences with the products we evaluated. This information may be used to assist with updates to our evaluation. Feel free to contact me if you (or your colleagues) have questions about ECRI's ventilator evaluation or would like to discuss your experiences with the ventilators we evaluated. I can be reached at (610) 825-6000, ext. 5279 or jkeller@ecri.org. And, as always, ECRI will have a booth at the 2006 annual AAMI conference (Booth 415). So, please stop by to say hello or to discuss the ventilator evaluation or any of our other products and services.

Jim Keller is ECRI's Vice President for Health Technology Evaluation and Safety and is a past Member at Large for ACCE's Board.

First Annual ACCE Haiku Contest Announced

A Haiku poem, as adopted from the Japanese tradition, has three lines. The first line must be of only 5 syllables, the second 7, and the third again 5. Rhyming is not necessary. The goal is to create a mental picture or significant statement in just 17 syllables.

For this contest, this means capturing some aspect of clinical engineering in this deceptively simple style. The subject matter can be broad (e.g. clinical engineering generally), or narrow

(e.g. could-not-duplicate).

Judging will be based on correct syllable counts in each line as this is a prerequisite. Good taste is also a prerequisite. Smooth flow of language (i.e. not a tongue twister), clear meaning, and the successful capture of subject matter relevant to clinical engineering are also important.

Anonymous judging will take place including judges knowledgeable in

either clinical engineering, or good writing and poetry. A sample (that will not be entered in the contest) is:

Patient safety and
Clinical engineering
Critical partners

Please e-mail your entry to the newsletter editors:
m burns02@yahoo.com or
theodore.cohen@ucdmc.ucdavis.edu

Healthcare Technology Foundation Annual Meeting

Well, it was April Fools Day but there was no foolishness going on in Houston, Texas. It was all business. It was the Annual Meeting of the ACCE Healthcare Technology Foundation. The jam-packed agenda did allow for a little networking and camaraderie. Upon arrival on Friday afternoon the group attended a fantastic tour and discussion roundtable at Cyberonics (see www.cyberonics.com).

Cyberonics, Inc. (NASDAQ: CYBX) pioneered the Vagus Nerve Stimulation (VNS Therapy™) System. Founded in 1987 to design, develop and market implantable medical devices for the treatment of epilepsy and other debilitating neurological disorders, Cyberonics has emerged as a leader in the neuromodulation industry.

The VNS Therapy System uses a surgically implanted medical device that delivers electrical pulsed signals to the vagus nerve in the left side of the neck. This therapy has proven effective in significantly reducing the number and/or intensity of seizures in many people suffering from epilepsy and has the potential for use in the treatment of other inadequately treated, chronic disorders.

That evening we reviewed all we learned over a fabulous Mediterranean buffet, what great falafel and baklava! Everyone attempted to obtain a good night's sleep as the agenda for official business on Saturday was extensive.

Yadin David started our Saturday with the following opening statement from his President's Report:

Our Foundation continues to serve the founders' mission and to act as a catalyst for widening the derived benefits of our combined expertise and thus to guide positive changes in deployment of our practices. Our Foundation continues to enjoy excellent brand recognition and to be associated with core professional and ethical values. During the past year emphasis was put on establishing governance protocols, recruitment of board members and on fund raising activities. In addition, based

on comments received during the past year from ACCE members and from representatives of industry – an increase in overall recognition for the Foundation's vision was noted. Coverage in professional publications has been extremely positive and is increasing in volume of articles mentioning our Foundation's purpose and work. It is exciting to note that we continued to receive financial contributions from board members, individual ACCE members, hospitals and from the medical devices industry. In addition, the Foundation entered into beneficial relationships with large organizations, such as ECRI and Cannon Communications, contributing to larger presence of our mission to potential future fund raising targets. The Foundation today is better funded more established and continues to serve its mission with vigor.

Yadin David continued his President's report and summarized our accomplishments over the past year and vision for the next year. The rest of the morning was dedicated to governance issues. The treasurer's report was presented and the financial situation of the Foundation is excellent and many projects moving forward with the available funding. We tackled the review of important IRS obligations and everyone obtained a better understanding of what their expectations are and our duty as Board members to meet those obligations.

We then proceeded with nominations. We began by reviewing the candidates, our bylaws, and approved the formation of an Advisory Board. Two candidates were elected: Dave Dickey and Denise Korniewicz. Three new candidates were elected to the Board: Hank Stankiewicz, Jim Wear, and Henry Montenegro. Three were re-elected to the Board: Elliot Sloane, Frank Painter, and Tobey Clark. Welcome new members!

We then tackled the concept of a succession plan. Though we would all like to see all the executive officers stay forever we know that cannot occur. The Board approved for Henry Monte-

negro to assume the role as Treasurer, pending a transition phase. Over the next few months and before September 1st, Yadin David will move into an open position in a President Elect role, Wayne Morse will move into the President role, Jennifer Ott will move into the Vice President role and Jim Wear will move into the Secretary role. Whew! We were impressed with our progress and though we were a bit behind on our lengthy agenda we had accomplished a lot. Next were project updates.

1) Clinical Alarm Management and Integration

The clinical alarm report is obtaining the final touches before publication. The data from the survey provided great insight and depth to the problem scope. ECRI was very instrumental in providing content on alarm technology, standards and historical alarm issues. The report will certainly be published for the Clinical Engineering community but more importantly to our fellow clinicians. The committee is reviewing other publishable journals. The core report met the goals of the committee. Congratulations to Tobey Clark for his fine leadership and accomplishments.

Future goals include the development of a paper to publish in other medical venues, further data analysis and paper development, and comment analysis and paper development. The concept of a vendor and committee

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A non-profit organization advancing healthcare through technology.

<http://www.acce-htf.org/>

View from the Penalty Box: Rants Revisited

I recently went back and re-read a group of these “rants” and found two continuing themes that appeared in most of them. The first was knowing what our costs are, and the second was communicating with others. I am not sure if anyone agrees with me on either topic but we have to work on both.

Some of my colleagues may think that I live in “The Peoples Republic of Massachusetts” where a “universal healthcare program” was recently signed into law. In this program if a company does not offer health insurance to its workers it has to pay \$295.00 per person per year into the “free care pool.” Our political leaders think that this will get more companies to offer health insurance. If you do the math it comes out much cheaper to pay the “penalty” than offer health insurance. Again the political “leaders” have not thought through the problem but put a patch on one part of the system while opening up all sorts of other problems. This is a prime example of doing something without knowing what the true costs are. By not thinking through a problem, we tend to create more problems with our “fixes.”

While testing the AED function on a defib recently I screwed up and just had a pacer pulse as an input with no underlying waveform. The AED indicated that no shock was needed. This is going to be a problem if a patient with a pacer has no cardiac activity but since the pacer is working no action is needed, but the patient may die. We are placing AED's in many places, but if they do not respond when a patient has a pacer will they cause more problems? A short item appeared in the 24X7 Jolt newsletter about a patient dying on a monitor and no alarms sounding. The reader responses, shared with me by Julie Kirst the editor, were

surprising. Most were more concerned about the potential of a law suit than the potential design flaw in the monitor. Since then I have heard from others that they have had similar events but never mentioned them to anyone other than their Risk Manager. We may have a major problem with some devices and all we communicate with are Risk Managers? When do we act for patient safety and not worry about a law suit?

A recent news release by the Society of Critical Care Medicine discusses the benefits of disclosing medical errors and adverse events (http://www.sccm.org/press_room/press_releases/april272006.asp). The article is interesting reading.

Over the years I have gotten to know many hospital administrators with a wide range of knowledge and communication skills. At a recent social event I got talking with an administrator at a 200 bed hospital that offers “full service” to a population area of about a million people. There are other hospitals in the area competing for business so he does not have a captive market share. When asked what he considered the most important thing clinical engineering must bring to the hospital, the answer surprised me. I expected cost savings, technology planning, safety or any of the common responses. What I got was revenue as the answer. He went on to say that when competing for patients it is critical that when a test or patient procedure is scheduled the equipment must be available because if not, the patient will go to a competitor and may not ever come back.

He went on to question why we base our PM's and inspections on risk rankings instead of “up-time” needs. When you stop and think about how we schedule PM's and inspections it has more to do with long gone de-

vices than what is presently in place. Years ago defibs had a high failure rate now they are very low but some places still do PM's 4 times a year on them—mostly finding nothing wrong with them, but never thinking to change the schedule. In other areas, we have 2 and 3 levels of back-up devices where we could get by with a single back up if we did our PM's more often and better. With some major devices that are under service contracts, we allow the vendor to schedule the PM time, not the users, and that can also slow patient access to the technology which impacts revenue.

Then he hit a very sore point for many of us. Why do we not adjust schedules to avoid down time on **known** problem devices? Again he suggested that we act out of convenience rather than patient need. The patient must come first, at all times and in all situations with everything else as secondary concerns.

The grandson's team got within two wins of a state championship in his age group this season, so the tradition continues except he only had one penalty all season.

I hope to see many of you in DC in June and to talk about your ideas on what needs to be done. Please let your thoughts be known.

- Dave Harrington
dharrington@techmed.com



ACCE Board Highlights for May 2006

Gearing up for the AAMI conference this year, the meeting began with a discussion about AAMI activities.

Izabella reported that the **ACCE symposium planning committee** is working with the speakers to finalize the presentations. The Clinical Engineering Symposium presented by ACCE is Saturday, June 24th. AAMI provided complimentary exhibit hall passes to ACCE members. Our Secretariat, Al Levenson, sent the pass to the ACCE membership by email earlier this month. If you did not get yours, send Al an email: secretariat@accenet.org. The **Advocacy Committee** submitted the nominees for the ACCE awards which the Board approved. These awards will be given out on Sunday, June 25 at the ACCE General Membership Meeting in Washington, DC.

Jennifer reported that the location for all ACCE activities at AAMI is ready for approval. An announcement will go out shortly to the membership about where to go for the CCE Review Course and the General Membership meeting.

Speaking of the CCE Review course, we have 12 students registered already! The presenters submitted their outlines and are getting ready for an exciting inaugural review course! Arif Subhan, the **CCE Education Committee** Chairperson, has been a great advocate for getting the word out about the course as well as coordinating the speakers. There is

still room to more students – please visit the website (<http://www.accenet.org>) to get more information.

The HIMSS conference is over, but the Healthcare IT Week Summit is just around the corner. Izabella reported that advertising for the summit is now on the website and included in the newsletters. If you are interested in learning more about Healthcare IT or seeing Senator Ted Kennedy (D-MA) speak, then check out the website for more information. ACCE will be well represented as a sponsor. Ray Zambuto will attend as an ACCE representative at the events. If you are planning to attend and would like recognition as attending as an ACCE member, let us know!

Ray Zambuto reported that **IHE PCD Planning and Technical committees** continue to meet by teleconference. There will be a face-to-face meeting in Gaithersburg, MD at NIST following the AAMI meeting. He also reported that HITSP continues to move forward.

Ray also reported that the **ACCE Board Nominating Committee** is finalizing the slate of board members for 2006-2007. The slate will be announced at the ACCE General Membership Meeting.

The ACCE Teleconference Series is well underway. We already have many people registering for the series, as it will cover a wide range of topics: the social, economic, as well

as the technical aspects of Clinical Engineering.

The Board approved of a new **Editorial Review Board**. This newly formed group will be responsible for overseeing the newsletter, website, and e-blast communications to the membership. The duties of the board are still being reviewed and will report back to the Board once finalized. The initial members are Melissa Burns, Jim Keller, Steve Grimes, and Ted Cohen. They can collectively be reached at erb@accenet.org.

The **Professional Practice Committee** reported that two more guidelines are up for initial review: Human Factors and Clinical Engineering & Information Systems. The completed guidelines are now available on the website for all members to review.

The **Advocacy Committee** reported that in addition to working on the award nominees, they are engaged with new educational initiatives and regional activities.

The **Membership Committee** is meeting to review candidate applications. They will submit their recommendations to the Board for review as soon as possible.

In my report above, I highlighted some of ACCE's many committees to acknowledge that we have several activities going on within the organization.

Interested in learning more about one of these committees? Do you want to get involved, but you are not sure how? Send me an email at secretary@accenet.org and I'll put you in touch with the right people!

See you at AAMI!

- Jennifer Leigh Jackson
ACCE Secretary
jljackson@partners.org



ACCE Teleconference Schedule 2006-2007

6/15/2006

Human Factors Applications in Healthcare.

Rani Gebara from Beaumont Services Company, L.L.C. will discuss how clinical engineers and other healthcare professionals can apply the principles of human factors to patient safety and medical technologies leading to a safer and more effective healthcare environment.

7/20/2006

Regulatory updates on JCAHO.

Ode Keil formerly of JCAHO will review the latest updates from JCAHO and what to expect from the surveyors.

8/17/2006

The convergence between Information Systems and Clinical Equipment Management.

The presenter will share successful experiences in the integration between IT and CE departments and its impact on operation and patient safety. **Speaker to be announced.**

9/21/2006

Operating Room of the Future.

Julian Goldman and Warren Sandberg from Massachusetts General Hospital will share their experiences in the design and deployment of the OR of the future including the interconnectivity of medical technologies to increase process flow, patient and user safety and effectiveness.

10/19/2006

Patient Safety; Incident investigation and reporting.

Glenn Scales from Duke University Medical Center will lead a pres-

entation on incident investigations, reporting of incidents, sharing of the recommendations and their implementations.

11/16/2006

The impact of wireless implementations on patient safety in healthcare.

Rick Hampton from Massachusetts General Hospital will present on wireless implementations in healthcare and their impact on patient safety.

12/14/2006

Emergency Planning.

Yadin David of Texas Children's Hospital and Douglas Dreps, Memorial Hermann Hospital will help clinical engineering staff better understand their role in emergency preparedness planning and will be based on experience gained from operating before, during and after an extraordinary natural disaster at two hospitals in Houston, Texas.

1/18/2007

Economical impact on clinical engineering.

Wayne Morse of Morse Medical, Inc. will discuss the needs of the present and future healthcare system.

2/15/2007

Radiology - Latest developments in PACS.

Todd Starnes from Catawba Valley Medical Center will review the latest developments in PACS. The speaker will address the interconnection of PACS with other clinical applications in healthcare.

These teleconferences are held

the 3rd Thursday of each month at 12 Noon Eastern Time (9:00AM Pacific Time etc). Unless otherwise noted, the teleconferences are one hour long, typically a 45-50 minute presentation followed by 10-15 minutes of Q and A. Registrants will receive the call-in number and presentation material prior to each session.

The cost for each Teleconference is \$150 per site. This allows for four (4) participants from each site, each additional participant is \$10. If nine (9) teleconferences are purchased the tenth one is at no additional charge.

In addition, each registrant receives a CEU certificate from the University of Arkansas for Medical Sciences for each session they participate in.

Audiotapes of each Teleconference will also be available for \$30 each.

ACCE- Teleconference Series
5200 Butler Pike
Plymouth Meeting PA 19462-1298



President's Message (cont.)

(Continued from page 1)

discussions and networking during the membership meeting. For more information on the ACCE events and meetings, please review the enclosed program at the end of this issue.

The ACCE preparations for June did not stop our organization from thinking about the educational program for the HIMSS 2007 Annual Conference and Exhibition in New Orleans in February 2007. ACCE and HIMSS met to review the success of this year's collaboration and have started to develop the *Clinical Engineering Symposium Planning Committee* for 2007. The month of June will be a busy one as ACCE also makes its appearance at the HIMSS Summit and the Healthcare IT Week in Washington, DC in the early parts of the month. The visibility is very important for our organization and will continue to strengthen our collaboration with the IT professionals and HIMSS.

The partnership between IT and Clinical Engineering is essential in the continued betterment of the healthcare enterprise. I have recently attended the newly formed *Clinical Engineering Advisory Council* by Emergin, the plug-and-play integration company out of Boca Raton, FL where that partnership was highly exemplified and unanimously agreed on as essential. It is the integration and interconnectivity of medical technology that necessitates the existence of professional partnerships and is clearly marked with the ongoing ACCE PCD initiatives. These partnerships

now extend to all healthcare professionals, as you will see during the clinical engineering symposium in June. It is imperative to employ the multidisciplinary approach to ensure all stakeholders are involved in the critical decision making for patients, caregivers, visitors and for the healthcare system as a whole.

ACCE is vibrant with many diverse activities and certainly much has happened since my last message to you. I would like to share all these developments with you at our Annual Membership Meeting. One of the important undertakings that I would like to note today is the formation of the Finance Committee which will be charged with the strategic financial oversight of our organization and will work closely with the ACCE Treasurer and the ACCE Board of Directors. I also would like to provide you with a brief snapshot of ACCE's success in Argentina during the recent Advanced Clinical Engineering Workshop sponsored by PAHO with faculty from ACCE. Eighty six participants from Argentina, Uruguay, Brazil and Columbia attended the April workshop in Buenos Aires. The five day event taught by five ACCE faculty members was well received by the participants with lively discussions and exchange of ideas. New partnerships have been formed which will be reflected in future ACCE activities. I had the pleasure to be part of the workshop and enjoy the beautiful city of Buenos Aires. ACCE President Elect, Steve Grimes provided the leadership to the workshop and will share the successes with you in the next issue of ACCE News. Sincere thanks to

PAHO in Argentina, Dr. Luis Eliseo Velasquez and Washington, DC, Antonio Hernandez for the workshop organization and sponsorship and the ACCE members who presented in this educational endeavor. Please do not miss this newsletter's article on another successful workshop in Ethiopia which took place at the beginning of this year.

The ACCE 2006/2007 Educational Teleconference Program has been released by the Education Committee and provides 10 very stimulating sessions covering women in Clinical/Biomedical Engineering, PACS, economics, patient safety and more. Please download the registration form from the ACCE website, www.accenet.org and sign up today!

I would love to hear from you on the ACCE's strategic plan outlined in the March/April ACCE News. I plan to share the plan at the June ACCE Annual Membership Meeting and its latest developments. Once again, please take a moment to read over the newsletter. We added some new and exciting items to keep you entertained. The ACCE editors continue to strive to make the ACCE News very relevant and informative to meet your professional needs. Please do not hesitate to contact them, or the ACCE Secretariat or myself, to let us know how we can continue to enhance our services to you.

I hope to see you in Washington, DC. Enjoy the ACCE activities!

- Izabella Gieras

President, ACCE

igieras@beaumontservices.com

Advanced Clinical Engineering Workshop (cont.)

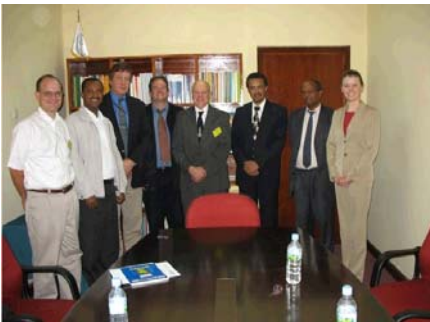
(Continued from page 3)



Team members working on their project.

healthcare system, especially as it pertains to medical equipment.

The week began with a full day symposium where the participants could describe their current



Team meets with the Minister of Health (3rd from Right)

situation and discuss alternatives. The three-day workshop began in earnest the following day and included lectures and group assignments.

For the group assignments, the students were divided into 5 groups and assigned a topic that was relevant to their situation. These topics were:

- 1) Design an Equipment Inventory System
- 2) Develop a template that can be used for procuring medical equipment and systems
- 3) Design a Healthcare Technology Assessment Committee
- 4) Design an Imaging Technology Training Program
- 5) Assess a Dialysis Donation

The groups completed their assignments and presented the results to the class and faculty on the last day of the workshop. We wrapped up the workshop by presenting a draft of a framework for a healthcare technology management program. The blueprint, when complete, will be presented to the Minister of Health.

We had the opportunity to visit with the Ethiopian Minister of Health one evening. This meeting gave us the opportunity to learn about programs his ministry recently started. Two of these programs are an aggressive plan to create clinics in the rural areas of the country and a new program to educate technicians on medical device repair. In turn, we were able to report our findings from



Scaffolding at new cancer hospital.

the site visits and the workshop and we all continued the dialog about how to improve the healthcare technology management system in Ethiopia.

Overall, the faculty all walked away with a true feeling of accomplishment although we all realize that there is much more to do. The Ethiopian participants have a framework and the enthusiasm to implement some facets of the new program and they will continue to look to ACCE, ORBIS, and WHO for guidance when needed.

- Jennifer Leigh Jackson

jljackson@partners.org



Ethiopian children

Healthcare Technology Foundation (cont.)

(Continued from page 6)

roundtable is also on the horizon to take this project to the next level. Tobey Clark is always on the look-out for fresh faces that can help support and even lead portions of this project. If you have any interest please contact Tobey at Tobey.Clark@ITS.UVM.EDU.

2) Professional Credentialing Committee

Since the program started there have been 44 applicants and 31 who have successfully passed the written exam. The overall pass rate has been 70%. Another exam is planned for November 18th. Please check our website for additional information on deadlines, study assistance, and application materials. ACCE will be hosting a CCE Review Course around the AAMI conference and information is available on the ACCE website. The Healthcare Technology Certification Commission is reviewing the body of knowledge results to determine the necessity to develop additional questions for the test bank. There are currently over 130 certified clinical engineering in the United States. All clinical engineers are encouraged to pursue certification and to maintain their certification through the renewal process.

3) Patient Safety and Education Committee

The brochure developed based upon the first educational module "Taking Medical Devices from Home to Hospital" is printed in both English and Spanish. The next phase is the development of a marketing plan for the brochure so that we can ensure it gets to those who can use it and meet our core mission of public education. If you know of any venues please contact Ode Keil, any assistance is greatly appreciated. Future plans include further promotion of the education module program in order to develop more tools for public education. Author solicitation is forthcoming for additional educational module development.

4) Clinical Engineering Excellence or CE2

The goal is to promote patient safety through excellence in clinical engineering practice and technology management. This will include the development of benchmarks and indicators to survey programs and also assess leadership competency. Working with a consultant from Harvard on leadership development and trying to include what makes a clinical engineering leader excellent, what is the current baseline and what is required to bridge the gap? This project is currently in its infancy. Preliminary discussions with industry are very favorable. Yadin David is currently chairing with other Board member assistance. Look for further information in future updates.

5) Website

Our website is undergoing construction right now to make it easier to navigate and get all the great projects out and in the open. Hop on the internet and check it out!

6) Vendor Roundtable

This is the second annual meeting where we have allotted time to a vendor to come and brainstorm with the group on concepts they may be pursuing or other items of joint interest. Dr. Matthew Bloom, a general surgeon and trauma surgeon, and a member of the Tyco/Nellcor Advisory Board met with the group to review and discuss advances in wireless technologies and physiological parameters. We particularly reviewed the requirements for those who need the information, i.e. clinicians and the technological issues for those who oversee installation and service.

7) Future Areas of Interest

The Board discussed a resolution which Yadin David is taking forth to the medical device industry in the form of an operational editorial in a prominent journal: The ACCE Healthcare Technology Foundation call on representatives of the industry, regulatory

and user communities to join in a collaborative initiative, led by the Foundation, to identify a framework for enhancing patient safety that will overcome the current lack of effective cooperation between these groups when evaluating adverse medico-surgical events that involve technology. Additional information and feedback will be shared once the editorial hits the stands.

8) Fundraising:

When you are part of such a fabulous 501(c)(3) tax-exempt non-profit organization with such a great Board you hope that fundraising would just fall into your lap. However, that is not the case. It is still and always will be one of our biggest challenges. Without it we cannot continue with the great projects mentioned above or even consider new ventures. We appreciate any assistance you can provide either personally or through contacts with vendors you routinely work with every day. Should you wish to assist please contact Wayne Morse at vicepresident@accefoundation.org.

The ACCE Healthcare Technology Foundation had a very successful Annual Meeting and we continue to move forward on many projects. We again would like to thank our supporters. If you have any interests in a specific initiative please contact Yadin David or Jennifer Ott. We thank you for your support of the Foundation's mission. More information is available at our website: <http://www.acce-htf.org>.

- Jennifer C. Ott, MSBME
Secretary
secretary@acce-htf.org

- Yadin David, PhD, CCE, PE, HCSP
President
president@acce-htf.org

CCE Education Committee

In April 2006, the ACCE Board of Directors approved the formation of the "CCE Education Committee" that will focus on the education and promotion of the Clinical Engineering Certification (CCE) Program.

The committee has been tasked with: 1) developing CCE Review courses (on-site, teleconferences), 2) preparing CCE educational tools (study guide, CDs, other educational materials), and 3) promotion and marketing of the CCE Program (ads, brochures and articles).

The Committee is conducting the first CCE Review Course on June 25, 2006 in Washington, DC

and a CCE Review Course Teleconference Series in August/September 2006. For more details about the courses, visit the ACCE website at <http://www.accenet.org>

Clinical Engineering Certification is a program of the ACCE Healthcare Technology Foundation through the Healthcare Technology Certification Commission and the U.S. Board of Examiners for Clinical Engineering Certification.

Members:

Izabella Gieras (ex-officio)

ACCE Membership Survey 2006

<http://www.surveymonkey.com/s.asp?u=966932015796>



Tell Us What You Like

Tell Us How to Improve

Suggest New Programs

Volunteer to get involved

We Need to Hear From You!

Jennifer Leigh Jackson

Jennifer McGill

Frank Painter

Paul Sherman

Arif Subhan, Chair

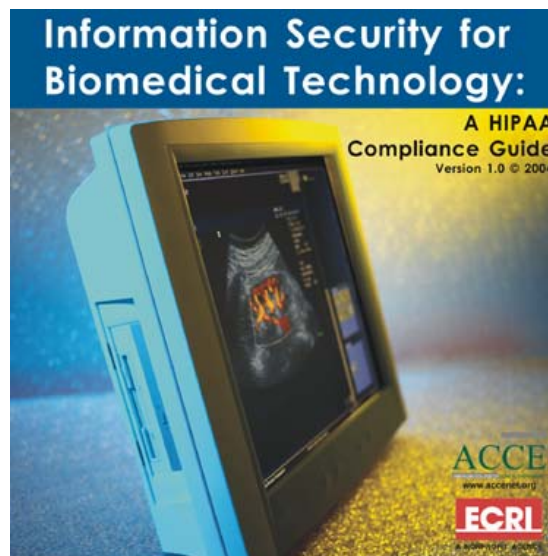
ACCE-ECRI HIPAA Compliance Guide

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

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

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

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



Integrating the Healthcare Enterprise Update

ACCE's Integrating the Healthcare Enterprise (IHE) Patient Care Devices domain continues to attract attention in the converging clinical engineering, information technology world. Last month, the PCD was a hot topic of conversation at the IHE-Europe meetings and coordinators will shortly be named to help communications across the Atlantic. On June 19-21, the PCD will make its first appearance at the Annual IHE Education Workshop, which is the primary opportunity for teaching and for recruiting vendor organizations into the IHE. Todd Cooper (Breakthrough Solutions) and Jack Harrington (Philips) will be giving presentations. The following week, the Planning and Technical Committees will meet over a three day period (June 27-29) in

Gaithersburg MD, at the headquarters of the National Institute of Safety and Testing (NIST). Beginning July 1, Manny Furst will assume the position of Connectathon Program Manager for the domain, as it begins the final push to certify the first year interoperability profiles being developed.

Part of the function of the PCD is to determine the priorities for development of use cases across the broad medical device landscape. Annually, the PCD seeks input to this process from providers and vendors. Clinical Engineering input is important and all ACCE members are invited to participate. The current survey is available on line at the link:

<http://surveys.himss.org/HIMSS/Surveys/TakeSurvey.aspx?surveyid=1042>

CCE Review Telecons

(Continued from page 2)

followed by a Q and A session. Registrants will receive the call-in number and presentation material prior to each session.

Audiotapes for the Teleconference will also be available for a fee.

Tentative Schedule:

1. August 29, 2006
2. September 5, 2006
3. September 12, 2006
4. September 19, 2006
5. September 26, 2006

Fees: \$300 (ACCE Member), \$345 (Non Members)

For more information, visit www.accenet.org.

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Body of Knowledge Committee Chair	Kelley Harris
Strategic Development Committee Chair	Ray Zambuto
Secretariat	Alan Levenson

ACCE Clinical Engineering Certification Study Guide

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

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

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

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

Calendar of Events

- June 5-8

National Health IT Week
Washington, DC

- June 7-8

HIMSS Summit
Washington, DC

- June 22-23, 2006

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

- June 24-26 2006

AAMI Annual Conference and Expo
Washington, DC

- June 25, 2006

CCE Review Course (see ad next page)
Washington, DC- June 25, 2006

- August 31–September 3, 2006

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

- November 18, 2006

CCE Written Exam
Various US locations



ACCE

AMERICAN COLLEGE OF CLINICAL ENGINEERING

Newsletter of the American College of Clinical Engineering

ACCE Healthcare Technology
Foundation (AHTF)

We're on the Web!

<http://www.accenet.org>



CCE REVIEW COURSE

June 25, 2006

Washington, DC

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

Faculty:

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

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

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

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

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

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

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

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

James P. Welch, CCE
Masimo Corporation
Irvine, CA

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

Location: Hilton Washington, DC (Hemisphere Room)

Please register me for the "CCE Review Course."

Full Name: _____
Title: _____
Organization: _____
Address: _____
City: _____
State/Zip: _____
Email: _____
Fax: _____
Phone: _____

Course Fee:

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

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

Payment Information

___ Check payable to ACCE
___ Credit Card CC# _____
Exp date: _____
Signature: _____

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

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

Questions: Arif Subhan
Email: arif@masterplan-inc.com
Phone: 818-734-8384

ACCE Meetings and Events Guide Washington, D.C.

June 24-26, 2006



Dear ACCE Members,

For those of you who will be coming to historical Washington DC for the AAMI meeting on June 24-26, 2006, the following information will help you navigate the ACCE and related activities. As you know, in addition to and in conjunction with the AAMI show, ACCE has a host of activities as we celebrate our own annual meeting of the membership.

As part of the AAMI meeting, ACCE will present the annual **Clinical Engineering Symposium**, a highly stimulating program, entitled *Building a Better Healthcare System - Clinical Engineering's Role*, which will take place on Saturday, June 24 from 8 am to Noon at the Marriott Wardman Park Hotel. The symposium will explore how clinical engineering intersects with many other aspects of the healthcare delivery system and how clinical engineers can take a leadership role in identifying opportunities to reduce medical errors and improve patient outcomes. On Sunday, June 25 at the AAMI Dwight E. Harken, M.D., Memorial Lecture and Awards Luncheon, ACCE will present the **Robert L. Morris Humanitarian Award**. Please join us there in congratulating ACCE members receiving the AAMI awards. After lunch, ACCE is offering, for the first time, a half-day **CCE Review Course** to provide an overview of the clinical engineering certification exam. On Sunday evening, ACCE will hold its **Annual Membership Meeting** at the Hilton Washington & Towers Hotel. The evening will start at 6:30 pm with a reception, courtesy of Four Rivers Software. Following the reception, the Annual Meeting will include an overview of ACCE's diverse activities, strategic plan with many new and exciting ACCE developments and finally the awards presentation of the ACCE Lifetime Achievement Award, Advocacy Awards, and Best Student Paper Award.

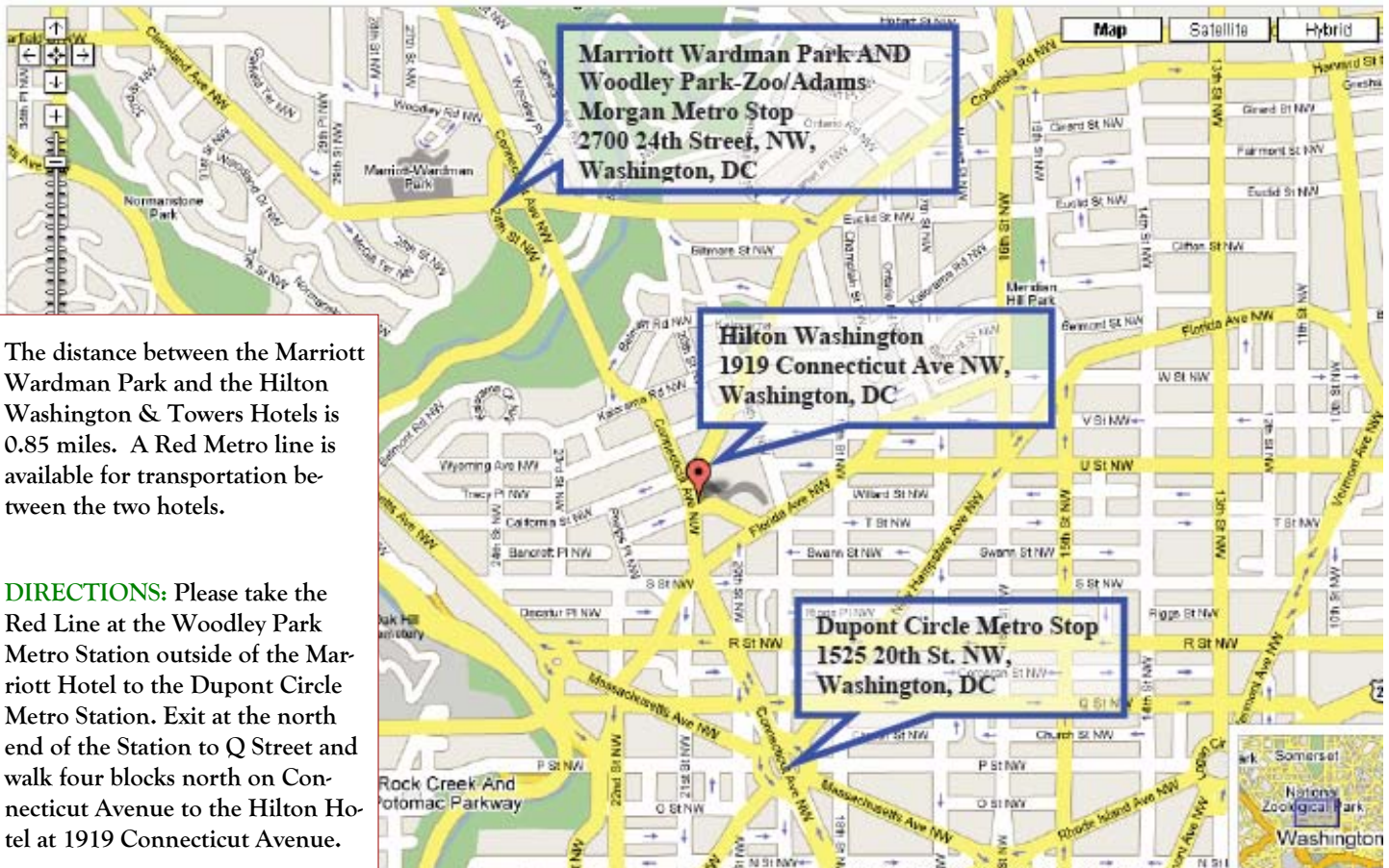
ACCE also has a number of other activities going on: The ACCE Board of Directors will hold its meeting on Saturday evening. The Healthcare Technology Certification Commission and US Board of Examiners for Clinical Engineering Certification will both conduct their annual governance meetings and the Board of Examiners will conduct oral CCE exams. ACCE members once again will be very active in the AAMI educational program; please review the final program for details. And last, but certainly not least, don't forget to stop by the **ACCE Booth #903** on the exhibit floor for a friendly chat, a new brochure and ACCE apparel!

Please note - at AAMI's request, ACCE activities not affiliated directly with the AAMI meeting will not be held at the Marriott Wardman Park Hotel. A schedule of all the exciting activities with room locations and a map are attached and will be available at the ACCE Booth in the AAMI Expo.

Annual Meetings, Events and Related Activities

Subject	Day	Date	Start	End	Location	Room
Clinical Engineering Symposium	Saturday	June 24	8:00 AM	12:00 PM	Marriott Wardman Park Hotel	Please consult the AAMI program
ACCE Board Of Directors Meeting (Private Meeting)	Saturday	June 24	6:00 PM	10:00 PM	Galileo Restaurant	Wine Room
ACCE Exhibit Booth Open (Grand Opening Reception)	Saturday	June 24	4:30 PM	7:00 PM	Marriott Wardman Park Hotel	Exhibit Halls
ACCE Bob Morris Award at AAMI Harken Luncheon	Sunday	June 25	11:30 AM	1:00 PM	Marriott Wardman Park Hotel	Please consult the AAMI program
CCE Review Course	Sunday	June 25	1:00 PM	5:30 PM	Hilton Washington & Towers Hotel	Hemisphere Room
ACCE Exhibit Booth Open	Sunday	June 25	3:45 PM	7:00 PM	Marriott Wardman Park Hotel	Exhibit Halls
ACCE Annual Reception and Membership Meeting	Sunday	June 25	6:30 PM	9:30 PM	Hilton Washington & Towers Hotel	Jefferson Room
ACCE Exhibit Booth Open	Monday	June 26	11:00 AM	2:30 PM	Marriott Wardman Park Hotel	Exhibit Halls

Map of Location of ACCE Meetings and Events and Related Activities



The distance between the Marriott Wardman Park and the Hilton Washington & Towers Hotels is 0.85 miles. A Red Metro line is available for transportation between the two hotels.

DIRECTIONS: Please take the Red Line at the Woodley Park Metro Station outside of the Marriott Hotel to the Dupont Circle Metro Station. Exit at the north end of the Station to Q Street and walk four blocks north on Connecticut Avenue to the Hilton Hotel at 1919 Connecticut Avenue.