



# ACCE News

Newsletter of the American College of Clinical Engineering

May / June 2010

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**AAMI 2010** Association for the Advancement of Medical Instrumentation  
CONFERENCE & EXPO  
June 26-28, 2010 | Tampa, FL

**Check out the ACCE Activities at AAMI!**

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## President's Message



From February through April 2010, I was fortunate to work with the Diagnostic Imaging and Medical Device team at the World Health Organization in Geneva, Switzerland. I was in between contracts here in Rome so the timing was perfect! Sergio couldn't take the time from work so he stayed behind in Italy which left me to conquer Geneva all on my own.

I managed to rent a room in an apartment, which turns out to be quite common. It was the quickest and more hassle-free way to get a roof over my head for such a short amount of time. I found two places online, chose one based on the photos (yeah, I know...) and the phone interview with the owner. Great, GREAT salesperson because the way she described it, I was so excited to see the 'artsy' and 'bohemian' style loft (I'm laughing now as I write this...how gullible I was). My intended roommates were Brazilian, English, French, and an American 'world-traveler'. Having never studied abroad, I always felt that I missed the opportunity for meeting others and having that great cultural exchange experience like in the movie 'The Spanish Apartment' (<http://www.imdb.com/title/tt0283900/>). So, my bags were packed and I was ready to not only have the best professional experience of my life but to meet and socialize with some folks from around the world.

Thank goodness that the work at WHO was every bit the great work experience I had hoped for. The apartment was 'artsy' because the owner liked to cover holes in the walls using cheap posters, pictures from magazines, or her 'art' that she glued over them. 'Bohemian' décor is also something best left described in the eye of the beholder. Thankfully, my room had no light, otherwise...I would have had to face the dirty, smurf-blue walls in their full spectacle every night. I ended up buying a small lamp which was enough to illuminate the path from my bed to the door. Between that and the light from my computer screen, I saw only what I had to. And the rest I replaced with my imagination.

The roommates were a bit of a disappointment. The woman from Brazil stayed in her room with her boyfriend every night, only to come out to scoop up more bowls of a rather pungent stew she made every other day, leaving the remainder to sit in the pot on the stove in between preparations. I guess the flavors strengthened that way. I never built up the courage to try it. After one week there, I understood why she wasn't anxious to come out and play with the rest of us. The Englishman and the Frenchman were still bitter over some bottle of whiskey that one accused the other of drinking last year and I just think they didn't know how to communicate unless by argument. And they were each super territorial about who got to use the kitchen at

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## President's Message *(Continued from page 1)*

what time. I got kicked out once because I didn't know that 7:45PM-8:30PM was the Englishman's kitchen time. I was finished cooking, but he wanted me out. He was rude and always angry at something or someone. I've declared that I will never 'friend' or 'fan' him on Facebook. But after some reflection, I understood his need to have the kitchen to himself. He had a roommate – the world-travelling American – and the apartment didn't have a common living area. So, save the 45 minutes of kitchen time at night, the man never had a quiet, private spot of his own. That must be it because it couldn't have been to soak up the 'artsy' or 'bohemian' ambiance like an art student in a museum.

The world-travelling American didn't leave the house much, only to go bet on horses and buy food. He was actually kind of fun to talk to – grew up in Brooklyn, became an economist, and still does some consulting for development funds in Switzerland and Italy. He was staying in the apartment to save a bit while in between contracts. When I left he was also hoping to soon transfer to a friend's house in a neighboring French town.

And what about the work at WHO? Every bit amazing as one would think. Day after day of talking about guidelines and best practices on Healthcare Technology Assessment and Management at the international level. Great discussions about what resources and programs were most effective in the past and what still has to be developed. There were some 'friendly' debates between the Europeans and Americans over policy. But all agreed that ideally the color of the passport mattered much

less than the number of hours actually logged in the field. Having that hands-on experience counts more than ever, no matter where you come from.

I had the opportunity to learn about the importance of safe injection devices. Those of you that know me know that I am predisposed to projects on safe medication delivery. Syringes and needles are fairly common devices in American hospitals, as are their supporting accessories, the exam gloves and sharps disposal container. Needlestick injury prevention and standard precautions are revisited each



year as part of our occupational health training. What I was shocked to learn is the impact on the population when these devices are not implemented safely: 21 million new cases of Hepatitis A, 2 million new cases of Hepatitis B, and 260,000 HIV infections yearly due to unsafe injection practices. The numbers are staggering, but what is even more impressive (in a negative sense) is the precarious way in which these devices are used. In truth, many, MANY are

infected because contaminated sharps are not disposed of correctly or they are reused, but other infections are linked to more subtle root causes. Take for example the scenario where the same needle and multi-dose vial are used to anesthetize patients in the OR:

“a cluster of patients contracted HCV after having had undergone a gynecological surgical intervention in the same OR theater. The investigation showed that each infected patient had been administered propofol from the same multi-dose vial”

The story above came from a hospital in northern Italy. In the US, from 1998-2008, 450 patients contracted HBV or HCV due to failure of healthcare personnel to follow standard infection control procedures.

Infection protocols can be reviewed, but this is also a situation where good, creative technology is playing a strong role in reducing the spread of disease. There are self-capping needles, auto-disabling syringes (where the barrel locks the plunger after I use so it can't be used again), and automatically-retracting needles. Examples of these are readily available on the internet for viewing. Nasal sprays, high pressure needleless injectors, and self-dissolving needles are also available as alternatives to the traditional injection methods.

The wheelchair was another device that caught my interest. I never appreciated the complex mechanics and biomechanics that go into developing a manual wheelchair for say, uneven terrain or for playing tennis. 5%-15% of the world's population does not have access to assistive devices like a wheelchair so there is certainly opportunity to look at

*(Continued on page 3)*

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potential development and assessment projects there.

Many open source projects exist providing the conduit for development. What is needed is technical know-how and passion for innovation. While some of these technologies are being developed specifically for the developing world, one can also argue that as many national governments wrestle with the increasing costs of healthcare, such 'low cost' technologies might just have a place in what we call the 'high income' communities. The trick is adopting these technologies in the safe and effective manner. Many countries, regardless of income status, lack the clinical

engineering human resources to assist with such an adoption.

So, while I am now back here in Rome, reorienting myself with my team's project to build prototype robotic orthotics, I am eternally grateful for the experience in Geneva for it really opened my eyes to clinical engineering practices all over the world and how some of the most simple of devices like the syringe and the wheelchair, turn out to not be so simple after all when the entire implementation process is put under the microscope.

## Healthcare Technology Foundation News

It is amazing how fast time flies. Our new era has begun with many planning meetings and strategic developments. We are looking forward to our Annual Meeting to be held in conjunction with the AAMI Exposition. It has been a year since we have had the opportunity to meet face-to-face and so much has happened. We look forward to a productive day of strategic discussions and to agree on the future path and course of implementation. Part of these discussions will include the review of the ACCE survey

results to determine how best to continue our partnership. We will wrap-up our day with an election. Look to see further updates in the next newsletter with further detail on the future course of implementation and how you can help.

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

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**HTF**  
**HealthcareTechnology**  
**F O U N D A T I O N**

Improve healthcare delivery outcomes by promoting the development, application and support of safe and effective healthcare technologies.

# The View from the Penalty Box:

One time sitting in the box after a discussion on the ice with an opposing player we started to talk about what we wanted to do with our lives. We had plenty of time as it was a five minute major and a 10 minute misconduct, once our playing days were over, it was easy back then as the penalty box was a single unit and both players went into the one box. Both of us had the same long term objective of teaching and coaching. Little did I know that I would blow my knee out in another month and got an early start on the rest of my life. My discussion partner played for another 15 years before he had to “get on with his life” and he did not enter into the teaching/coaching life as expected but went into the business of selling insurance. When I last talked with him he was not a happy person, complaining that he took the easy road and did not follow his dream. I am sure that many of you reading this are not happy with what you are doing and where you are heading. But, you have the ability to do some very good things for your fellow

## ACCE Clinical Engineering Certification Study Guide

The American College of Clinical Engineering has prepared 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](mailto:Secretariat@ACCEnet.org) and include credit card information (name on card, type of card, card number, and expiration date). *The ACCE Study Guide was written by an independent group of clinical engineers not associated with the exam process*

humans so get involved with teaching and coaching, it helps with the satisfaction level that you will feel.

While we carry the title of “Engineer”, most of our working time is spent teaching and coaching others in all parts of healthcare. We have to teach users of equipment on its use, what it can and most importantly cannot do for both them and the patient. We have to teach administrators that just because company A has a device in the hospital that it may not be best for what the staff and patients need. We have to teach bean counters that all equipment will require repairs and upgrades along with regular testing to be sure that it is safe for the staff and patients and that it will cost money to do the work but more if the work is not done. We also have to try to teach IT people that the patient is more important than the data and the patient must be protected at all times.

We have to coach our co-workers in the department on using their skills for the benefits of the patients, to look for better ways of doing things and probably most important coaching them to think before they act. But we seem to not do the coaching that is so desperately needed to those that are designing the equipment that we support-keep it simple- the financial people- cheaper is not always better and the most expensive is not always the best- and the medical personnel- it's critically important to follow directions on the devices so not to compromise safety. Most importantly we have to coach each other and share information on devices and techniques. Sharing information seems to be a problem for many engineers and we need to get much better at sharing as good ideas and information make both the teaching and coaching more productive.



We also do some engineering, not as much as many of us would like but we do use what we learned as engineers to fuel our other tasks of teaching and coaching. It is from the engineering areas that much of the data that is generated. Let's make sure that that this data could be put to good use instead of getting filed in some very dull reports. If we look at trouble calls and find that one department has a higher than expected number of calls what do we do about it? All too many cases the answer is nothing or it is just noted in some report instead of finding out why is there a problem and correcting it. We found the problem with engineering skills and need to correct the problem with teaching and coaching skills and share the information with others. Remember, data that is not used is useless, we need to use and share data that we develop.

In closing I would like to congratulate both Brad Carrott and Tom Judd on being the co-receiptants of this year's Bob Morris Humanitarian Award. Both of these gentlemen have worked hard in helping others all over the world. I personally observed both of these engineers using all their skills as engineers plus teaching and coaching others to make things better. So a big thank you to both for their outstanding work.

See you in Tampa.

Dave Harrington

[dave@sbtttech.com](mailto:dave@sbtttech.com)

# Perspectives from ECRI Institute: Baxter Colleague and FDA

In a News Release issued May 3, 2010, the U.S. Food and Drug Administration (FDA) stated that it has ordered Baxter Healthcare Corporation to recall and destroy Colleague Volumetric Infusion Pumps currently in use in the United States because of a "longstanding failure" to correct problems with the pumps. FDA has stated that it believes there may be as many as 200,000 of these pumps currently in use. This action is a follow-up to a 2006 consent decree of permanent injunction in which Baxter had agreed to stop all manufacturing and distribution of the Colleague pump until Baxter corrected manufacturing defects and other safety concerns that had been identified by FDA.

Ouch! What's a hospital to do? I'm sure that many of you are having a fun time figuring out how to deal with this latest FDA action against a medical device company and its products.

Fortunately FDA is ordering Baxter to replace pumps at no cost to customers or to provide refunds to its customers to help defray the cost of replacement. However, the details of this replacement plan have yet to be worked out. And even with financial support from Baxter,

FDA's action will cost hospitals lots of money. These costs will come from (among other things) the time spent planning for replacement of as many of several hundred pumps at one institution, training clinical staff on the safe use of the new pumps, training clinical engineering professionals on service and support of the new pumps, and the likely higher prices hospitals will have to pay for newer generation pumps.

As you might expect, ECRI Institute has been following this issue very closely. We've been in regular contact with Baxter and FDA on this topic and have published our perspectives and recommendation along with other information on this topic in a special Baxter Colleague Resource Center on our Web site. The Resource Center has been made available to the public at ECRI Institute's home Web page at [www.ecri.org](http://www.ecri.org) under the "ECRI Institute" Spotlight section. We've also provided additional information on our members Web Pages, including our latest comparative evaluation of large volume infusion pumps. This information is available to members of ECRI Institute's Health Devices System, Health Devices Gold, and SELECTPlus pro-



grams.

Feel free to contact me at (610) 825-6000, ext. 5279 or [jkeller@ecri.org](mailto:jkeller@ecri.org) if you would like to discuss our perspectives and recommendations on this topic or if you have any questions on how to access our Baxter Colleague resources.

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

## Membership Update

ACCE would like to welcome the following members whose applications were recently approved:

Abe Ahalla- Individual

Jennifer Barragan- Individual

Walter Barrionuevo- Individual

Karuturi, Bhavana- Candidate

Murat Firat- Individual

Kullolli, Ilir- Individual

Samantha Jacques- Individual

Baset Khalef- Individual

Ratmi, M'Hamed- Individual

Bridget Moorman- Individual

Francisco Nash- Associate

Ken Olbrish- Individual

Allie Paquette- Candidate

Al-Khallagi, Salah Hussein- Individual

Marv Shepherd- Emeritus

Erin Sparnon- Individual

Rehman, Syed- Associate

Patricia Volpe- Individual

Jeffrey Walters Associate

Jim Wear- Fellow. Emeritus

James Whitney- Individual

Ababayehu Worku- Individual

Robert Zegarelli- Candidate

Joe Zaverl- Individual

John Zienna- Individual



June 26–28, 2010 | Tampa, FL

## ACCE at AAMI

### ACCE Reception: 20th Anniversary: 1990-2010

Please come celebrate 20 years of leadership and advocacy in the clinical engineering field!

Meeting Rooms 8,9, and 10

Tampa Marriott Waterside

700 South Florida Avenue

Tampa, FL 33602

Sunday, June 27

7-11 PM

### Clinical Engineering Symposium at AAMI

Saturday, June 26 8AM-12PM

Tampa Convention Center

Please consult the AAMI 2010 Official Conference Program for the room location

<http://www.aami.org/ac/>

ACCE will once again be producing a cutting-edge Clinical Engineering Symposium at AAMI. This year, in Tampa, Florida, we will be exploring the topic of the U.S. Healthcare IT Reform and how it is influencing the way we look at medical technology.

The symposium will begin with an overview of the more influential HIT programs, including those that involve medical devices. Quite a few organizations, many with a strong ACCE presence, have been developing tools to aid Clinical Engineers and Healthcare Technology Managers with evaluating medical device-IT systems. We have invited 4 of these organizations to present these instruments so that the audience members are well equipped for the upcoming challenges.

The full program is on the following page:

## Clinical Engineering Symposium Program

Session	Learning Goals	Speaker
Welcome		Mario Castañeda
The Effect of Healthcare Reform on Clinical Engineering: Intro	Provide a general overview of Meaningful Use, including financial incentives and expectations of providers. Emphasis on that while devices are not often mentioned explicitly, the ONC has gone on record stating that medical device connectivity is implicit (FDA Interoperability Workshop January, 2010)	Elliot Sloane
The Effect of Healthcare Reform on Clinical Engineering: RoundTable	Roundtable discussion with speakers: how is meaningful use or other aspects of healthcare reform changing their approach to the management of medical devices?	Elliot Sloane (moderator) Todd Cooper Linda Chan Erin Sparnon John Zaleski Jon Blasingame Julian Goldman
CE-IT Collaboration Deliverable: Medical Device Integration Matrix	In 2009, CE-IT Collaboration.Org published resources on medical device integration, including the very comprehensive Medical Device Integration Matrix. This document includes items of interest and concern to hospital personnel when planning the purchase of medical equipment capable of electronic communication with other devices and systems. This session is designed to introduce the Matrix to the audience, review steps taken to create it, and advise the audience on how to use it when starting or updating a medical device connectivity strategy.	Linda Chan
<b>break</b>		
Suggested Measures: Overview of project from HIMSS medical device and patient safety task force	The HIMSS Medical Device & Patient Safety Task Force, led by ACCE members, is completing a project that will establish measures that will be proposed to the ONC for use to 'benchmark' the quality of medical device connectivity. This session will review the project results.	Erin Sparnon and John Zaleski
Overview of IHE PCD Exhibit at AAMI - How to Use it, What to look for, etc...	At AAMI 2010, ACCE-supported IHE PCD will have a mini-interoperability showcase that demonstrates current progress with medical device connectivity. This session will review introduce the audience to the showcase, highlight key accomplishments on display, and guide the audience on how they can use the showcase to better prepare themselves for medical device connectivity planning in their own organizations.	Jon Blasingame
How to Purchase Interoperability - MD FIRE	MD FIRE, Medical Device "Free Interoperability Requirements for the Enterprise" includes a free-to-download white paper and sample RFP with contracting language requirements intended to "promote the adoption of fully interoperable medical devices and systems in support of patient safety." Designed by healthcare providers (Kaiser Permanente, Johns Hopkins, and Massachusetts General Hospital), these tools were published in late 2008 with the aim to encourage a more effective implementation of medical device connectivity by including these concepts at the procurement stage. The aim of this session is to introduce the audience to these procurement aides, explain their origins and use, and advise how each institution can use the contracting language examples to best meet their needs.	Julian Goldman, MD
<b>break</b>		
Roundtable Discussion with Speakers	All Speakers field questions from audience. Questions I will start with will be: <ul style="list-style-type: none"> <li>• What opportunities are there for healthcare technology managers?</li> <li>• How might traditional healthcare technology management paradigms need to change?</li> <li>• (To the Audience): What Tools or Guidelines are we missing still?</li> </ul>	All Speakers
Concluding Remarks		Jennifer Jackson

# Education Committee Update

The Education Committee has been meeting regularly to define an upcoming group of programs, including the teleconference series. This year, we plan to produce at least two teleconference tracks: one that focuses on important healthcare technology management (HTM) topics and the other that will explore CE-IT.

The topics currently under consideration are listed in the table below.

We are hoping to present the final offerings by AAMI at our annual reception with a goal to begin the series in September 2010.

We are still considering a third track that would focus on ISO 80001-1 and perhaps a fourth, special series that provides an introduction to the clinical practice asso-

ciated with many of the medical device systems we work with today.

If some of these topics look familiar to you, it is because many of these subjects were taken directly from your input!

Thank you for all the great ideas!

Education Committee members:

- Abhijeet Bhat
- Mario Castaneda
- Tobey Clark
- Leanne Cordisco
- Christopher Falkner
- Barrett Franklin
- Stephen Grimes
- Jennifer Jackson

- Ilir Kullolli
- Al Levenson
- Bridget Moorman
- Frank Painter
- Ashley Reeners
- Arif Subhan
- James Wear
- James Welch
- Valerie Yoder

If you are interested in joining this committee, please let us know by emailing [president@accenet.org](mailto:president@accenet.org).

HTM Series	CE-IT
FMEA, RCA, Recall: Infusion Pumps, physio monitors, telemetry, radiology as potential examples	Healthcare Reform
<b>PACS Administration</b>	<b>PACS Administration</b>
How Standards are Created	Networking Basics
How Clinical Engineering departments are contributing toward their hospital's patient safety goals.	Networking Basics 2: Wireless
<b>ISO 80001</b>	<b>ISO 80001-1</b>
How important are Electrical Safety checks on now-a-days advanced medical devices?	CE-IT, new job opportunities
Finance in Healthcare Technology, Budgeting and Manpower	RFID
<b>Home Health</b>	<b>Home Health</b>
Negotiating Service Contracts	HL7 interfacing
Dealing effectively with "outside" equipment entering the hospital (loaner, demo, single use, etc.).	IHE PCD





# International Report

## Assessing Eye Care Services After the Haiti Earthquake

In April I was a member of a team that traveled to Haiti for seven days to assess all of the ophthalmic services in the region most affected by the January earthquake. The assessment team consisted of two ophthalmologists and one clinical engineer.

During the visit, information was gathered from each eye care facility provided by at least one ophthalmologist or the facility director. Additionally, an assessment of eye care facilities questionnaire provided by the Pan-American Health Organization (PAHO) was used to collect the data directly into a laptop.

During the visit, the team listened to complaints, angles and opinions from the personnel and when adequate, some recommendations were given regarding the storage and maintenance of equipment, the organization of outreach programs and in specific areas for the prevention of blindness.

At the end of each day a meeting was coordinated to gather, discuss and analyze the data collected. At the end of all the visits there was a debriefing meeting with members of the National Committee for the Prevention of Blindness (CNPC in French) and a member from the Christian Blind Mission (CBM), to present and discuss the results.

Another meeting was coordinated with the president and some members of the

Haiti Society of Ophthalmology to have a wider spectrum of the eye health situation in the country.

A significant portion of the ophthalmic equipment and facilities in the area affected by the earthquake was damaged. This worsened the already poor condi-



St Vincent Eye Hospital completely destroyed by earthquake



Medical Equipment destroyed by earthquake

tion of much of the available technology and infrastructure.

Prior to the earthquake, the following conditions were widespread across Haiti:

a. Interviews indicated that up to 80% of

the ophthalmic equipment in Haiti has been donated by foreign agencies.

b. Much of the equipment is obsolete and no longer supported by the manufacturers

c. There is no local vendor support for service and consumables of ophthalmic

equipment. Parts, accessories, consumables and maintenance services are obtained overseas, usually in Miami.

d. Since the equipment comes from many different sources, mostly donors, there is no uniformity or standardization of brands and models. This makes it very complicated to maintain and supply the equipment with spare parts and consumables.

e. There is little to no coordination or prioritization of donations coming into the country, resulting in some services not having required items.

f. Many donors send unrequested items that are not needed or that may meet the priority requirements.

g. There is no central source for procurement in Haiti resulting in each practice buying their own equipment and supplies independently in small amounts at higher costs,

since bulk purchasing is not practiced.

h. Many of the government hospitals and clinics do not have the basic equipment needed to diagnose and treat eye condi-

*(Continued on page 10)*

*(Continued from page 9)*

tions resulting in a very low number of equipment dependent treatments and surgeries being performed.

i. Most hospitals and clinics do not have biomedical equipment technicians available to perform maintenance on ophthalmic equipment.

The earthquake compounded the above-mentioned problems as confirmed by the following:

- a. Already deteriorated equipment and facilities were further damaged.
- b. Foreign medical relief agencies took over ophthalmic service areas in hospitals in order to perform orthopedic or emergency services.
- c. Equipment was removed from ophthalmic service areas and stored in less than

ideal conditions that will undoubtedly result in damage of the equipment. In some cases, little effort was done to place the equipment in a secure and clean environment.

d. Equipment that is stored as a result of the earthquake is not available for much needed patient care in other locations.

The international eye care non-governmental organizations and PAHO will be utilizing the results of the assessment to coordinate short-term and long-term activities and projects in Haiti.

Among the intended activities in the clinical engineering area are the immediate rehabilitation of ophthalmic and other medical equipment and training of biomedical equipment technicians and hospital administrators in equipment maintenance and management. These activities will require the support and active par-

ticipation of clinical engineering volunteers.

Although I found the destruction to be overwhelming beyond description, I found the people of Haiti to be very warm and positive despite many years of enormous challenges, well before the earthquake.

Those interested in participating in any of these activities can contact me at [ismael.cordero@orbis.org](mailto:ismael.cordero@orbis.org).

Additionally those generally interested in helping Haiti can subscribe to Clinical Engineering Community for Haiti Listserve managed by Yadin David: [http://listserv.earthmed.org/listinfo.cgi/ce\\_community\\_for\\_haiti-earthmed.org](http://listserv.earthmed.org/listinfo.cgi/ce_community_for_haiti-earthmed.org)

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## Join the CED Online Exchange



The Clinical Engineering Division (CED) is a specialized division of the International Federation for Medical and Biological Engineering (IFMBE).

The CED is a global leadership association of Clinical Engineers and allied professionals dedicated to the advancement of international standards for professional education, certification, and professional development in Clinical Engineering, and to the advancement of Clinical Engineering in the institutional frameworks of health care policy, strategy,

planning, and management worldwide.

The CED has set up a global networking tool that is open to clinical engineering professionals from all over the world. This tool set up within Yahoo Groups serves an easily accessible discussion forum and an document archive.

Online exchange has become an important tool for many practitioners to stay connected with their professional community. Our goal is to provide an accessible forum in a widely used format where Clinical Engineers and others around the world just like you who are involved in the design, teaching, testing, maintaining and regulating of healthcare products and systems will be able to:

-Access information and exchange comments about unique global engineering issues facing us.

-Become aware of global initiatives impacting medical technology and its lifecycle support.

-Connect, network and collaborate with clinical engineering experts on finding solutions that can be applied locally.

-Get expert insights from our Working Groups participants about professional development opportunities, professional recognition, resources, where volunteers are needed, and how you can become involved in critical work.

To view the group please visit: <http://health.groups.yahoo.com/group/CEDGlobal/>

If you are interested in joining the CED Global group please send an email to [CEDGlobal-subscribe@yahoogroups.com](mailto:CEDGlobal-subscribe@yahoogroups.com)

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# Photos of HIMSS 2010



ACCE ACEW Reunion Meeting, Saturday, February 27



ACCE ACEW 20th Reunion Dinner Celebration, Sunday, February 28



ACCE member, Yadin David, volunteering as a Docent at the ACCE-sponsored IHE PCD Exhibit at the Interoperability Showcase.



At the HIMSS Awards Banquet to celebrate the ACCE/HIMSS Award for Excellence in Clinical Engineering and Information Technology Synergies L-R: Elliot Sloane, award winner Adrian Johnson, and Glenn Kearns



On the stage at HIMSS 2010 Awards Banquet, March 2, 2010  
L-R: Elizabeth Johnson, Vice Chair, HIMSS Board; Jennifer Jackson, ACCE President; Adrian Johnson, Award Recipient; Barry Chaiken, Md, Chair, HIMSS Board



After the ceremony - Jennifer Jackson and Adrian Johnson.

# ACCE

AMERICAN COLLEGE OF CLINICAL ENGINEERING

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### Executive Director - Clinical Engineering

Cleveland Clinic is a world leader and model for the future of healthcare.

We seek an exceptional executive for a once-in-a-lifetime professional opportunity to lead the clinical engineering function of the most technologically advanced healthcare system in the world.

Cleveland Clinic's physician-led, Institute model of care uniquely joins clinicians, researchers, academics and administration in optimizing collaboration for delivering world-class patient care. Reporting directly to the Chief Operating Officer, the Executive Director of Clinical Engineering will oversee the clinical engineering function of the Cleveland Clinic main campus, 10 regional hospitals and 17 community health and surgery centers. You will champion the clinical engineering vision and articulate the clinical engineering strategy to all levels of the organization.

We seek a recognized leader with an outstanding clinical applications background; demonstrated engineering skills in instrumentation design and functionality; ability to manage complex, large-scale systems implementations; proven inclusive leadership and managerial skills and the ability to interact and communicate effectively with clinicians and administration.

A Ph.D. degree in clinical or biomedical engineering is required along with a minimum of 10 years of direct experience in the field plus 5 years of senior management experience in a major hospital environment.

**Qualified applicants should send an introductory letter and curriculum vitae to the following:**

**John H. Petre, Ph.D.**  
Chair, Search Committee  
[petrej@ccf.org](mailto:petrej@ccf.org)

**Scott M. Simmons, MBA**  
Director  
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Cleveland Clinic is proud to be an equal opportunity employer.  
Smoke/drug-free environment.

## Calendar of Events

### June 26-28, 2010

AAMI conference

Tampa, FL

### September 9-11, 2010

Global Forum on Medical Devices

Bangkok, Thailand

[http://www.who.int/medical\\_devices](http://www.who.int/medical_devices)

### June 24 and 25, 2010

Clinical Engineering & CCE Review Course

Tampa Convention Center Room 39

Tampa, FL

### September 28-29, 2010

Second Annual Medical Device Connectivity Conference & Exhibition  
Hyatt Regency Mission Bay,  
San Diego, CA

<http://www.tcbi.org/index.php?conference=2amc2009>

