

ACCE News

Vol. 6, No. 4 - November 1996

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President's Message

Frank R. Painter

These are very exciting times for clinical engineering throughout the U.S. and even around the world. The world of healthcare is changing and bringing us along with it. The ACCE recognizes the changes that managed care, outsourcing, multi-vendor service by OEM's and tighter budgets (to mention a few) are bringing to our lives. The Board of Directors is working very hard to implement the new ACCE Strategic Objectives (Vision 2000). These initiatives will help the clinical engineering profession stay ahead of the coming changes.

- 1) To help implement these changes the Board has appointed Mo Kastl, as Second Vice President, to help lead the effort to externally market and advocate ACCE and the clinical engineering profession as well as form the strategic alliances we need.
- 2) Ira Tackel, the First Vice President, will lead the effort to improve internal services to ACCE members through the newsletter, educational programs, audio teleconferences, workshops and other member services.

3) If you haven't been to the ACCE web page (<http://info.lu.farmingdale.edu/~acce/>) it is definitely worth the visit. We are putting much effort into making this a real resource for you and we would welcome your input on improving its usefulness.

4) The audio teleconferences are proving to be an extremely valuable source of information on current issues. I think you will be very pleased with the quality of the presentations and the preparation that go into the handouts, lectures and organization of these events.

If you are looking for a way to help, we welcome your suggestions and look forward to your participation in promoting your profession with your colleagues in the ACCE.

Guest Editorial

What's in a Name

George I. Johnston

HATS OFF TO JOE McCLAIN! I was especially pleased to hear him announce at the annual ACCE meeting that he had changed the name of his department to CLINICAL ENGINEERING. And it was not even previously called bio anything. In the Army it is simply "medical equipment maintenance." This is something I hope we can see more of in the future.

Joe and I share a common interest - the history of clinical and biomedical engineering. When he made his announcement at the ACCE Annual Meeting, he also told us that he had succeeded in unearthing what may be the earliest documented origin of clinical engineering - a July 1919 letter from the Surgeon General to the Quartermaster General stating that medical equipment was "too complex for Signal Corps maintenance" and that the Army was to develop its own "Medical Maintenance" system. Notice there is no "bio" there.

When I entered our field as a technician at Johns Hopkins Hospital in 1948 it was into the field of MEDICAL ELECTRONICS. This was a field that was evolving in major clinical and research centers throughout the country to take advantage of electronic advances coming out of World War II. This was a time when the most sophisticated devices were 8-channel EEG's and vectorcardiography and ballistocardiography were hot new research topics. Eight-pin 6SN7 and 6SL7 vacuum tubes were giving way to miniature nine-pin 12AU7's and 12AX7's! The players in this new field were primarily returning veterans who had learned their electronics in the military or by employment in industries primarily engaged in military electronics. At Hopkins,

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The Board

President	Frank R. Painter
First Vice-President	Ira Tackel
Second Vice-President	Mo Kasti
Secretary	Jennifer C. Ott
Treasurer	Bryanne Patail
Member-at-Large	Greg Davis
Member-at-Large	Ethan Hertz
Member-at-Large	Denver Lodge
Member-at-Large	Binseng Wang
Past President	Thomas J. Bauld

Committee Chairmen

Advocacy	George I. Johnston
Membership	Binseng Wang
Government Relations	Ethan Hertz
Vision 2000	Mo Kasti
Nominations	Thomas J. Bauld
Education	James O. Wear
International	Alan Levenson
Inter-Society	Yadin David

camera became common research setups. Across the street another group was developing an early mass spectrometer. After constructing a complete stimulating and recording system for Dr. Grob, I was transferred to his employ to operate and maintain it for the next four years. His clinical research was on myasthenia gravis, a neuromuscular disease particularly amenable to study with this type of electrical equipment. During the early 1950's government research funding (NIH and NSF) was becoming available in support of these CLINICAL research activities. Carl Berkly started one of the first trade publications devoted to the field, MEN (for Medical Electronic News). The IRE (Institute of Radio Engineering - before IEEE) recognized our field as one of its technical groups, the Group on Medical Electronics later to become the PGME, the Professional Group on Medical Electronics.

Basic scientists at major institutions were quick to recognize the availability of research money and jump on the bandwagon. Research programs other than clinical, e.g., physiology, neurophysiology, biochemistry, anatomy, biology, and zoology, quickly proliferated and the term "bio" was hung in front of "medical" as a basic science identifier. By the early 1960's the terms biomedical engineering, bioengineering, bioinstrumentation and biophysics were commonplace and people

one such player was Jake Beazer, who was the electronic countermeasures officer on the Enola Gay when it dropped the bomb on Hiroshima and the only person to fly on both atomic bomb missions over Japan. Academic programs in electrical engineering were still mostly power engineering. In most colleges and universities the new field of "electronics" did not evolve until the early to mid 1950's.

In the Johns Hopkins Department of Medicine our "electronic shop" was busy designing and building various pulse generators, delay units, power amplifiers and low-level amplifiers primarily for the purpose of neurophysiological research. Harry Johnson, one of our engineers designed one of the first two-gun, two-beam oscilloscopes for physiological recording. RF screen rooms, microelectrodes and the Grass oscilloscope



George inspecting Bob Morris' Work --They haven't changed in 30 years!

were creating definitions to distinguish one from the other. Just as quickly academic programs in the various "bios" also evolved. The IRE changed the name of its group from medical electronics to biomedical electronics and, of course, eventually to biomedical engineering.

I do not wish to belabor this history any further. My

point is that our field evolved as a CLINICAL field, known then as MEDICAL ELECTRONICS; the basic scientists as they jumped on the grant money bandwagon were responsible for adding the term "bio" - having nothing to do with clinical in their activities; yet now we have come full circle to clinical engineering, yet can't seem to get rid of the "bio" identifier and gain the recognition not only for what we are, but for having started it all!

ACCE News on the Web

<http://info.lu.farmingdale.edu/~acce/>

ACCE News Deadlines

Send news items to me by December 15 for inclusion in the January 1997 issue of the ACCE News. All copy must be in my computer 15 days before the first of the following months: January, March, May, July, September, November. E-mail is best at jfdyro@aol.com. Or you may fax to 516-751-7802. You may even speak to me at 516-751-7244.

ACCE News

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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.

Letters to the Editor

Dear Prof. Dr. Dyro,

I have very great pleasure in appending the contents of our training programme to optimise equipment utilisation in medical institutions. You can plan and organise such a programme to benefit medical, paramedical and non-medical professionals in your region to improve the quality of MEDI/REHAB care. I have every hope you will do the needful. The programme has great relevance to all 3rd World nations in the process of development.

With Pranams,

Prof. Dr. Ing T.G. Krishna Murthy

For more information contact:

Clinical Engineering Centre
31/32, Crescent Road
Bangalore - 560 001, India
phone (0091) (80) 226 11 35
fax (0091) (80) 226 52 98

Dear Joe,

Bob Morris, Mahmoud Madani, and I are teaching middle eastern hospital administrators about the U.S. system of managed care and utilization management. Wish you were here.

Frank Painter

Postcard from Dubai, United Arab Emirates

Correction

In the last issue of the *ACCE News* an error was made in reporting on Dave Dickey's talk in the Cost Effectiveness and Productivity Meeting. The data he analyzed and presented was not obtained at Washington Hospital Center. It was obtained in his work with Fisher Consulting Services.

The data presented were based upon 5 years of actual OEM maintenance records and related invoices, mostly for services provided by radiology and lab vendors. These data were collected by Fisher Consulting Services for work performed at over 45 client sites. Cost of service varied from 6% (invoice cost divided by acquisition cost) to 2%,

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with general biomedical equipment the lowest and CT and MRI the highest at 6%. Further analysis of the data identified that approximately 50% of the vendor invoices related to parts and 50% to labor. Surprising was the fact that about 40% of the work was identified as 'minor,' with the assumption that a basic rad-trained BMET could offset this amount of the work performed by the outside vendor. Dickey also presented some data on how the cost of service is reduced by knowing where to buy the parts through identification of the OEM parts source for such things as tape drives, and keyboards. For further information you may contact Dave at CLLJ88A@prodigy.com.

Meeting Reports

BUDAMED '96

Joseph F. Dyro

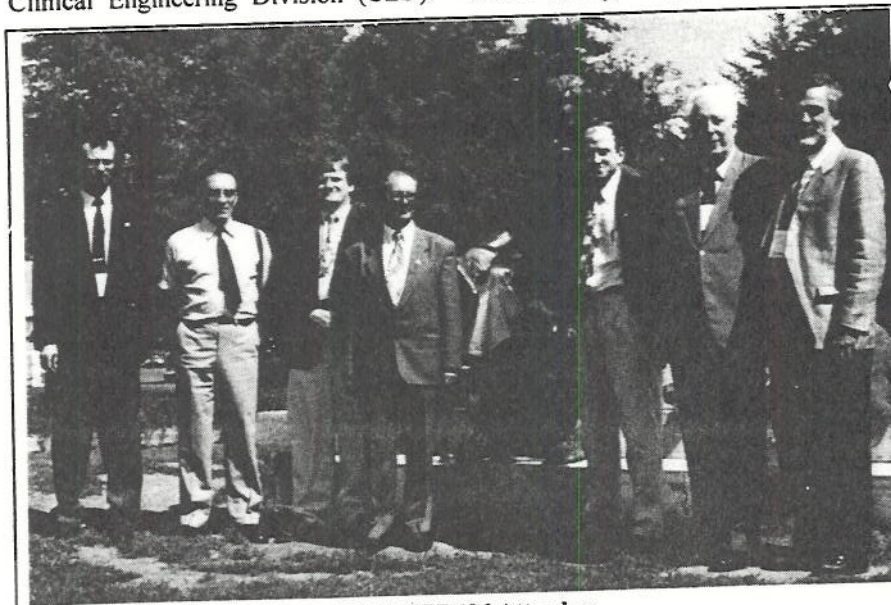
The BUDAMED '96 Conference on Medical Engineering was held in Budapest, Hungary, August 23-26. BUDAMED, combining the 10th National Conference on Biomedical Engineering, the 1st National Conference on Clinical Engineering, and the 3rd International Conference on Clinical Engineering, was organized by the Hungarian Biomedical Engineering Society (MATE) and the Hungarian Clinical Engineering Society (MEDING) with co-operation of the IFMBE Clinical Engineering Division (CED). László Raduj,

participants from fifteen countries who heard excellent papers presented on clinical and biomedical engineering topics. Prof. Dr. Miklós Tekeres, Vice President of the Federation of Hungarian Medical Societies (MOTESZ), emphasized the contribution and importance of the clinical engineering profession for the benefit of physicians and especially for the patients. Secretary of MEDING, Csaba Nagy and secretary of CED, Dyro, co-chaired a clinical engineering session on Current Trends Worldwide in which papers were presented from Canada, Sweden, USA, Mexico, South Africa, Australia and Greece. ACCE members György Balazs (Hungary), Tadeusz Palko (Poland), John Smith (Canada), and Dyro presented papers.

Financial Management Workshop

Binseng Wang

During the period of August 9 to 11, 1996, a workshop entitled Financial Management in Clinical Engineering was held in São Paulo, Brazil. This workshop was organized by Lúcio Flávio Brito, an ACCE member and professional achievement award winner, and his colleagues. I had the privilege of being the leader of the workshop, which was attended by 22 individuals including one from Venezuela. The participants included two with doctoral degrees, one MD, two with M.Sc. degrees with the balance consisting of those with post-graduate studies in engineering, nursing, architectural and hospital administration. Only one did not have a college degree.



BUDAMED '96 Attendees

György Balazs, Gedeon Bolváry, Peter Heimann, Tadeusz Palko, Dyro, Nándor Richter, and Nicolas Pallikarakis (from left to right)

President of MEDING, Nándor Richter, President of MATE Biomedical Engineering Section, and Nicolas Pallikarakis, Chairman of the CED welcomed

Through simulations, the concepts of financial planning, cash flow analysis, balance sheet, and break-even analyses, were assimilated.

The workshop was designed to have theoretical introductions and extensive hands-on exercises and simulations on PCs. Every two to three participants received a set of spreadsheets onto which they had to enter realistic data such as wages, benefits, and operating budgets. From this information and some basic assumptions, the participants were able to compute the hourly cost of their respective departments and compare the performance of departments of different sizes and different characteristics (for profit versus non-profit). From these results the participants went on to formulate a five-year financial plan as if they were managing a business enterprise.

Final evaluation of the workshop showed that 90% of the participants considered it excellent or good and 10%, satisfactory. Ninety percent also believed that the contents of the workshop had excellent or good applicability to their current work. Only one participant stated that he/she would not recommend this workshop to his/her colleagues.

The participants also indicated that they would be interested in future workshops. The themes that were most popular were technology assessment, strategic planning, life-cycle cost analysis and equipment acquisition, contract management, and safety and quality assurance.

New York City Metropolitan Area Clinical Engineering Directors Group

Ira Soller

The New York City Metropolitan Area Clinical Engineering Directors Group, consisting of 28 Directors of Biomedical/Clinical Engineering Departments representing all of the major medical centers in the greater New York City area, met on June 25, 1996 at St. Luke's Roosevelt Hospital. Mike Mirsky, Director of Biomedical Engineering was host.

A presentation on intra-aortic balloon pumps was given by Mike Neibert, Robert Ellis, and Keith DelGuercio of Arrow International. This was followed by discussions on out-sourcing and its resultant negative impact on quality assurance; the Mount Sinai / NYU merger; and service contract considerations. Participating in the lively exchange were Kelly Galanopoulos of Mount Sinai, Sam Vashovsky of Bellevue, Mike Bascombe of Kings County, and Barbara Donohue, Assistant Director of Biomedical Engineering at Columbia Presbyterian.

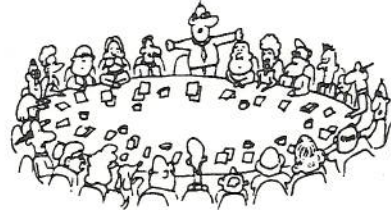
Ira Soller, Director of Biomedical Engineering at SUNY University Hospital of Brooklyn (Downstate), has assumed the responsibilities of Group Coordinator as Paul Fried who was the Coordinator retired as Director of Biomedical Engineering at Brookdale.

The next meeting is scheduled for Tuesday, October 29, 1996. Manufacturers interested in making presentations or for any further information contact Ira Soller at 718-270-3192; fax 718-270-3194.

Product Promotion on the Internet

The FDA held a public meeting to discuss issues related to promotion of FDA-regulated products in the Internet. FDA also seeks written comments from all interested parties. The meeting and written comments from interested parties are intended to help FDA in making policy decisions on the promotion of biologics,

human and animal drugs, and medical devices on the Internet and the World Wide Web. The meeting was held on October 16 and 17 in Silver Spring, MD. Written comments are welcome until December 16. Contact Fay Fink, Office of Policy (HF-11), FDA, 5600 Fishers Lane, Rockville, MD 20857, phone 301-827-3360, fax 301-594-6777, email: FFink@bangate.fda.gov.



104th Congress Adjourns Biomaterials

No provision addressing biomaterials availability was attached to the final omnibus appropriations bill, despite a concerted effort by the Biomaterials Availability Coalition and the medical device industry. The legislation, passed by both Houses of Congress as part of product liability reform legislation, was vetoed earlier this year by President Clinton. This problem remains to be solved by the 105th Congress.

FDA Legislation

FDA reform legislation ran out of gas in early September. According to Hill contacts, the inability of Congress and the White House to work out several contentious issues, the lack of time on the legislative calendar, and the stirring controversy of FDA involvement in regulating tobacco all played a role in keeping this issue off the legislative calendar. This issue is likely to resurface in the 105th Congress, although some observers believe the future for legislative-based revisions to FDA's charter is contingent on the election results November 5th.

GOP on Science and Technology

The first two paragraphs of the GOP platform language on science and technology state as follows:

"Our goal is to empower the American people by using the benefits of advanced science to improve their quality of life without undue restraint from government. Our bottom line is more jobs, better jobs, and a higher standard of living for the families of America . . . As we prepare for the dawn of a new century it is essential that our public policies

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keep pace with an evolving economy. Increased productivity is essential to expand the economy and improve the standard of living of all Americans. A recent report by the Office of Technology Assessment attributes at least half of all economic growth in the United States to advances in technology."

Mystery Solved

From the *Cape Times*, 6/13/96

"For several months, our nurses have been baffled to find a dead patient in the same bed every Friday morning" a spokeswoman for the Pelonomi Hospital (Free State, South Africa) told reporters. "There was no apparent cause for any of the deaths, and extensive checks of the air conditioning system, and a search for possible bacterial infection, failed to reveal any clues." "However, further inquiries have now revealed the cause of these deaths. It seems that every Friday morning a cleaner would enter the ward, remove the plug that powered the patient's life support system, plug her floor polisher into the vacant socket, then go about her business. When she had finished her chores, she would plug the life support machine back in and leave, unaware that the patient was now dead. She could not, after all, hear the screams and eventual death rattle over the whirring of her polisher."

"We are sorry, and have sent a strong letter to the cleaner in question. Further, the Free State Health and Welfare Department is arranging for an electrician to fit an extra socket, so there should be no repetition of this incident. The inquiry is now closed."

courtesy of ALOHADAVIS@aol.com

CE Certification in Brazil

by *Binseng Wang*

Currently there are five Brazilians certified by ICC and four in the final stages of obtaining their certification. As the interest of obtaining certification continues to grow in that country, these CCEs have been working to form a Brazilian Certification Commission (BCC). At two previous meetings of ICC, progress reports were presented by representatives of this group of volunteers. On Friday, August 16, 1996, four members of this group met again to work on the draft of the constitution and by-laws for BCC. At this meeting, it was agreed upon that a formal proposal should be presented to ICC by the end of 1996.

Masters in Clinical Engineering

A Masters degree in Clinical Engineering is now being offered by the Institute for Biomedical Engineering and Rehabilitation Services (IBMERS)

of Touro College, Dix Hills, New York. The program is research oriented, training service-providers in Clinical Engineering on the graduate level. Dr. Gerry Leisman, Associate Dean of the School of Health Sciences and Director of the Institute said that IBMERS is uniquely positioned to develop Clinical Engineering as a discipline inasmuch as it is a technology driven, highly productive, Biomedical Engineering "think tank" with a critical mass of thirty-four interdisciplinary scientist/engineers. For further information, please contact Ms. Nina Jacobs at (516) 673-3200, ext. 223.

ACCE Board Highlights

September 5, 1996

Jennifer C. Ott

President Painter called the meeting to order. The minutes of the June 4, 1996, Board meeting were approved.

Installation of New Officers

- | | |
|-------------------|------------------|
| • President | Frank R. Painter |
| • Vice President | Ira Tackel |
| • Secretary | Jennifer C. Ott |
| • Treasurer | Bryanne Patail |
| • Member-at-large | Denver Lodge |
| • Member-at-large | Binseng Wang |

HELP WANTED

MEMBERSHIP COMMITTEE CHAIRMAN

ACCE seeks a new Chairman of the Membership Committee. Present Chairman, Binseng Wang will hold the position until a replacement can be found. Those interested should call Frank Painter @ 203-384-3037 or frpainter@aol.com.

Bylaws Change Approval

The ACCE membership approved the addition of a Second Vice President. This change will enable ACCE to move forward to meet the objectives of *Vision 2000*. Mo Kasti was nominated and approved for this position.

President's Report

Frank Painter reported a smooth transition with the invaluable assistance of Past President, Tom Bauld.

Past President's Report

Bauld discussed ACCE-ASHE collaboration and the upcoming Management of Medical Technology

conference in Chicago, December 3-7, 1996. See announcement on p. 12. Bauld stated that the ACCE Board and Strategic Objectives Teams are pursuing a combination midyear meeting for AAMI, ACCE, and ASHE in 1997. The Advanced Clinical Engineering Workshop for 1997 is tentatively scheduled for May or June.

First Vice President Report

Vice President Ira Tackel is determining task areas for *Vision 2000*. His work will involve monitoring and delegating in the areas of Member Services, Newsletter, Education, Teleconferences, and International Affairs.

Second Vice President Report

Mo Kasti reports that *Vision 2000* work in progress involves identifying leaders for each project, developing missions for each team, and specifying deliverables.

Past Vice President Report

Tom Judd indicated that *Vision 2000* began as a project which has since been adopted by the Board and membership as the *ACCE Strategic Objectives*. Grass Roots Network remains a sound method of improving communications among members for top-down and bottom-up information to help project leaders and teams. Judd noted that the ACCE Home Page (<http://info.lu.farmingdale.edu/~acce/>) is an excellent tool for the Grass Roots Network.

Past Secretary's Report

Marvin Shepherd, commenting favorably on the ACCE Website and the efforts of Webmaster Professor B.J. Morgan, noted that information includes employment, links to other resources, and past issues of *ACCE News*. Shepherd forwarded e-mail addresses of some 40+ ACCE members to Morgan for inclusion on the website. The ACCE Membership Directory due this Fall will be on the homepage and will require a password allowing access only to current, paid members.

Secretary's Report

Jennifer Ott is updating the Directory in Excel format for ease of transfer. Data fields are being added for country designation and member activities and projects.

Treasurer's Report

Bryanne Patail and past Treasurer Ira Tackel reported an adequate cash reserve. Major expense categories listed were audio-teleconferences, newsletters, board meeting teleconferences and secretarial tasks.

Membership Committee

Chairman Binseng Wang presented and the Board approved for membership Éber R. dos Santos and Ali M. Aldalaan.

Education Committee

Jim Wear's report showed that the Audio-teleconferencing Series was breaking even. Jim requested a list of topics and speakers for next year. Presenters are not limited to ACCE members.

MORE HELP WANTED

AUDIO-TELECONFERENCE SPEAKERS

Speak for fun and profit. Those interested in presenting a one-hour lecture on a topic of interest to the membership should call Jim Wear 1-501-370-6618 or wear.james@forum.va.gov. An honorarium is provided. Members may also help the program by suggesting to Jim topics of interest.

Advocacy Committee

Chairman George Johnston announced that National Engineers Week is in February. Plans are underway to describe the method and depth of ACCE involvement with national, state and local efforts to promote engineering while also promoting clinical engineering. Johnston proposed the development of a clinical engineering promotional brochure and video tape.

Inter-Society Relations

The Board approved the proposal to send Tom Bauld as ACCE representative to the American Institute of Medical and Biological Engineering (AIMBE) Council of Societies Annual Meeting in Minneapolis. See Tom's report on page 8.

Joe Dyro attended the Board meeting of the IFMBE Clinical Engineering Division. ACCE is a member organization of the Clinical Engineering Division. See Dyro's report on the Board meeting on page 9. Joe also attended BUDAMED '96, the Third International Clinical Engineering Conference in Budapest, Hungary. See report on page 4.

ACCE News Editor's Report

Dyro requested Board members to submit newsletter items at least once every four months. The *News* will continue to be produced and mailed bi-monthly.

International Committee

Committee Chair, Ed Levenson reported the following Committee activities:

- Development of a mission statement
- Letters to NGOs introducing ACCE and the availability of the *Medical Equipment Donation Guidelines*
- Develop program proposal for textbook and manual donation and distribution

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- Develop program proposal to aid existing organization in their efforts in equipment solicitation and donation

Next Board meeting was scheduled for Wednesday, October 23, 1996 from 2:00-5:00 EST.



AIMBE

Council of Societies Summit Meeting

Thomas J. Bauld

The AIMBE Council of Societies had its second Summit Meeting on the campus of the University of Minnesota in Minneapolis. The AIMBE is the umbrella organization of most engineering societies involved with biomedical and biological engineering. I represented the ACCE for the second time. The First Summit Meeting was held in 1994 in Virginia when Tom Judd and I attended. The COS Summit is an opportunity for the leaders (or their representatives) of the constituent societies to meet and address common issues and needs. All 15 societies had representation, including four new members, the American Association of Physicists in Medicine (AAPM), the American Society of Biomechanics (ASB), the Orthopaedic Research Society (ORS), and the International Society for Optical Engineering (SPIE).

AIMBE has been active in promoting issues of concern to the biomedical profession. There have been several position papers including one on the biomaterials crisis where sources for raw materials such as plastics are almost non-existent because of fear of product liability, recommendations to the NIH for funding priorities, and a document prepared for Newt Gingrich about the need for tort and FDA reforms.

As part of our expressed concerns, I forwarded to the Council of Societies leadership inter-society issues that AIMBE should address including a common calendar of all technical meetings, reciprocal member rates, consolidation of meetings to minimize conflicts, interactive video teleconferencing, promotional materials for high school and college guidance counselors, and a common voice for public policy issues.

The theme of this Summit was Communications. There were four task teams to address:

1. Communications between the Member Society Officers and the AIMBE
2. Communications between the 32,000 Members of the Societies and the AIMBE

3. Communications between the 32,000 Members of the Societies and the Public
4. The Infrastructure Necessary to Carry Out the Communications Tasks

Joe Andrade, University of Utah Biomedical Engineering Department, and I co-chaired Task Force #3. For the last two years, Dr. Andrade has been producing a college course on videotape called *Science in Your World*. He has completed forty half-hour videos. Our task force explored a variety of components of the "public" and suggested many ways of communication with them. Many concepts previously proposed by our Advocacy Committee and the *Vision 2000* Team on Marketing & Public Relations were suggested and recommended for further development. They include a high quality television series similar to a PBS or Discovery channel focusing on the impact of biomedical technology on real patients and real consumers of bioprocessed materials. Several segments of Andrade's course have a medical theme, such as *Luck & Risk* and *Medicine & Health-Yours*. We will be developing both a pilot video as well as a full budget proposal to seek grant funding of the whole series. An initial estimate for the series is from \$ 0.5 M to \$ 2.5 M.

Interviews with prominent biomedical and clinical engineers, discussing their accomplishments and contributions, was proposed as a good method to acquire material. ACCE Advocacy Chair, George Johnston has been a proponent of this concept.

As you would expect, there was a significant emphasis on the internet and web pages to improve communications, especially between members and their societies. The idea of fan-out lists like the Grass Roots activity promoted by Tom Judd was discussed as well.

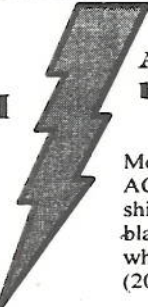
We also agreed that an excellent way to enhance communications between our members and the public is to link efforts to the National Engineers Week (NEW) celebration. The two co-organizers of the 1997 NEW are the National Society of Black Engineers (NSBE) and Motorola Incorporated. The event is scheduled for February 16-22, 1997.

Each of you should immediately obtain an informational package by calling the NEW Committee headquarters at (412) 741-1393, or sending e-mail to LKUCollins@aol.com. The theme of this year's celebration is ENGINEERS MAKE A WORLD OF DIFFERENCE. You can also get the informational package by calling the NSBE at (703) 549-2207 extension 208. There will likely be a chapter of the NSBE on most major college campuses.

In addition, request from your governor and your mayor an official designation of National Clinical Engineering Week in your state and city. A proclamation that can be displayed at your sites of celebration will often be issued from these dignitaries. Remember, you can host an open house where the accomplishments of

your staff are showcased, invite students and faculty from local schools and community colleges to visit your facility, have raffles, do demonstrations of equipment, offer to check the accuracy of home health equipment owned by your hospital colleagues, etc. **JUST DO IT!**

The ACCE logo embroidered above the pocket of my safari shirt was a big hit. I got many positive comments from the other participants. It far surpassed the lapel pins worn by others, most of which can't be read anyway. I encourage you to send a garment to Morse Medical for embroidery and wear your membership proudly. It is quite nicely done and very legible.

ACCE		A new product by Morse Medical
MONOGRAM		Morse Medical will sew the ACCE Monogram on your shirt, sweater, hat, cuddly blanket, beach towel, or whatever. Call for details. (206) 236-0628
NOW		
AVAILABLE		

IFMBE News CED Board Meets in Budapest *Joseph F. Dyro*

The Board of the Clinical Engineering Division of the International Federation of Medical and Biological Engineering met on August 23, 1996, in Budapest, Hungary. The Dutch Society for Clinical Engineering was approved for CED membership. It joins Italy, Hungary, and the United States (ACCE) as a member

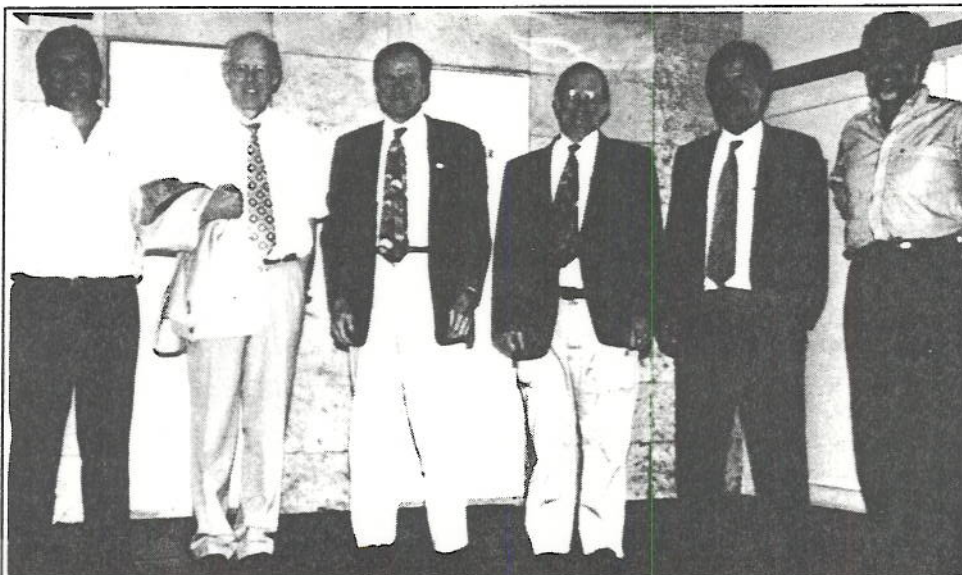
society of CED. The *Directory of Clinical Engineering Worldwide*, 2nd Edition, will be available in the Fall of 1997. Board members gave reports. Pallikarakis of Patras, Greece, described the Facility for Information Exchange (FINE) system, a means by which clinical engineering information can be exchanged electronically. Peter Heimann reported that South Africa has seen a resurgence of interest in and 'acceptance of clinical engineering as a part of the health care system. The government has launched a Commission of Inquiry to determine CE requirements, number of positions, job descriptions. South Africa is presently considering filling 400 clinical engineering positions. Diego Bravar is applying the Italian model to clinical engineering program proposals in Eastern Europe and Africa. Dyro distributed the August 1996 issue of *ACCE News* and reported that ACCE adopted *Vision 2000* as the ACCE Strategic Objectives to ensure that clinical engineering will survive and prosper in the future. Adriana Velásquez of Mexico reported significant progress in the establishment of the certification process in most Latin American countries. ACCE member Antonio Hernandez of PAHO has vigorously supported these efforts. ACCE member Smith reported on clinical engineering in Canada.

The Board will publish, *Lectures in Clinical Engineering*, in the Fall of 1997. This text will complement clinical engineering workshops. Most of the contributors will be present or former CED Board members. ACCE members who want to contribute should contact Joe Dyro. CED will collaborate with the French clinical engineering society to develop the track on clinical engineering at the World Congress on Medical Physics and Biomedical Engineering in Nice,

France, September 14-19, 1997. The Nice '97 Brochure is inserted in this newsletter.

CRDF Travel Grants

The U.S. Civilian Research and Development Foundation for the Independent States of the Former Soviet Union (CRDF) will provide up to \$2,500 for short-term travel to the United States. The grants will be made on a competitive basis to promising applied scientists and engineers from the non-



CED Board Members

Peter Heimann, Ake Oberg, Joe Dyro, John Smith, Diego Bravar, and Nicolas Pallikarakis (l. to r.)

ACCE News

Russian countries of the former Soviet Union. Travel must be for participating in meetings of industry associations or scientific and engineering professional societies and also for visiting research facilities to initiate collaboration with U.S. scientists.

CRDF, founded August 11, 1995, is a private, non-profit charitable organization that was created by the United States Government as an American response to the declining state of science and engineering in the former Soviet Union (FSU). The CRDF seeks to address this issue by fostering opportunities for collaborative projects between FSU and U.S. researchers, by encouraging the growth of productive civilian employment opportunities for former FSU defense scientists, and by taking advantage of new opportunities to pursue these goals in a framework of mutual benefit which promotes the values of democratization and market economy.

All applications must be received by October 31, 1997. Travel must be completed by December 31, 1997. For further information, contact Jennifer Brick, CRDF Project Assistant at jbrick@crdf.org; <http://www.crdf.inter.net>; telephone 703-526-9720; fax 703-526-9721.

Profiles in Clinical Engineering

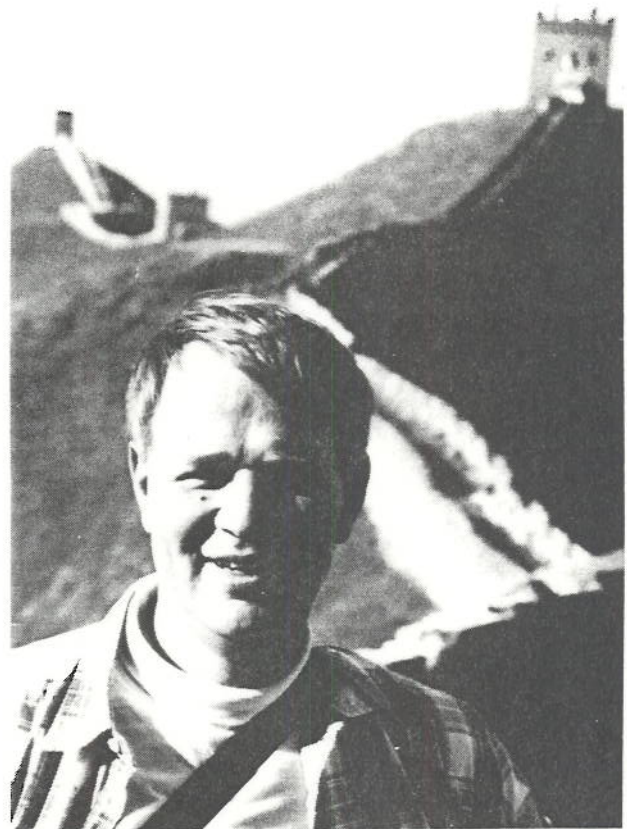
Frank R. Painter

Frank Painter is Executive Director of NovaMed Corporation, a for-profit subsidiary of Southern Connecticut Health Services, the parent corporation of Bridgeport Hospital. In this position, Frank oversees NovaMed's regional clinical engineering services program and The Maintenance Advantage, NovaMed's capital asset management program which incorporates multi-vendor service support.

A founding member of ACCE and former Membership Committee Chairman, Frank was elected President this summer. He is Treasurer of the New England Society of Clinical Engineering and an active member of the Association for the Advancement of Medical Instrumentation. He was chairman of the International Certification Commission Board of Examiners for Clinical Engineering and remains actively involved in promoting the certification process. He has presented papers on risk management, quality improvement, technology assessment and technology management, both nationally and internationally. Last year, Frank conducted the Third Advanced Clinical Engineering Workshop in Beijing, Peoples Republic of China. He recently returned from Dubai, UAE, where he presented a workshop for hospital administrators on the utilization of technology in the managed care environment.

Previously, Painter was with ECRI Shared Services (ISS) as Regional Manager of hospital technology maintenance in Western Pennsylvania. In that position, he was responsible for the delivery of clinical engineering services to thirty hospitals in the Pittsburgh area. Prior to that, he was Director of Biomedical Engineering at Millard Fillmore Hospital in Buffalo where he developed a program that provided services to hospitals in western New York.

Frank obtained a MS degree in Engineering at the State University of New York at Buffalo where he also did post-graduate work in the Department of Physiology. In 1971, he received a BS in Mechanical Engineering from Clarkson University in Potsdam, New York, where he developed an interest in the design of artificial limbs.



Frank R. Painter

Sailing, gliding, camping, hiking, camel riding and traveling to exotic places interest this energetic man. Painter resides in Trumbull, Connecticut, with his wife and two children.



Vision 2000

Coordinators of the four strategic initiative areas and their prioritized objectives are presented below:

1. Marketing/Public Relations -- David Dickey
Advocate and continue to promote Clinical Engineering through key Clinical Engineering practices adding to them technology management business practices.

Top Objective: Increase membership by at least 10% per year.

2. Education -- Brian Porras
Become an organization which serves its members by offering one stop shopping for information and education services related to clinical engineering.

Top Objective: Develop a formal educational conference to roll out in June 1997; Advanced Clinical Engineering-type Workshop to be held in USA either in June or in the fall open to any CE.

3. Unification / Strategic Alliances --Yadin David
Create strategic alliances to be able to provide access to various services for its membership.

Top objective: Inventory of available member resources.

4. Member Services -- Greg Davis
Demonstrate value to the existing members and potential members.

Top objective: Develop the communication links (Internet) to provide services such as employment, reference library, education information, group/issue discussion, UserNets, parts sources, equipment availability, and device problems.



1997 ADVOCACY AWARDS

George I. Johnston

A reminder: we are now 10 months into the year 1996. Nominations for next year's awards are made for articles published in this calendar year! So get busy. If you don't have someone to nominate, encourage someone to publish and nominate them. Better yet; get busy and publish something yourself and NOMINATE YOURSELF! See the spring issue of the *ACCE News*, pages 13-15, for a partial list of journals we suggest you target. An application form

was inserted in the last newsletter. For more information or more forms call me at 503-245-5603.

ACCE Teleconference Series

James O. Wear, Education Chairman

The 1996 series of ACCE teleconferences has gone very well with one remaining.

ACCE Teleconference Schedule

November 21

New Opportunities for CEs

Ira S. Tackel

The cost for up to three ACCE members at a single site is \$100 per course. Additional attendees will be charged \$25 per course. ACCE will accept checks, credit cards, and purchase orders. POs can be sent by way of fax to me at 501-771-1775 or call me at 501-370-6618.

We are planning the 1997 teleconferences series and are interested in topics that the membership would like to have presented in this educational mode. The teleconferences are one-hour sessions each month with forty-five minutes of presentation and fifteen minutes of questions and answers. Almost any topic can be covered in this way. If you have any topics that you would like to have covered; and, especially, if there are speakers you would like to hear, fax this information to me at the above fax number. If you would like to discuss a program, please call me at the above number.

Web Trappings

B.J. Morgan, Webmaster

The internet can be a mixed blessing. While most users view it positively, there can be a downside. For example, not everyone has access to the net (not even all clinical engineers!). This tends to create a stratified society of "haves" and "have nots". Also, e-mail has its detractors. While it provides a quick, efficient method of communications, it tends to isolate us from personal contact and interaction. A more insidious aspect is the LISTSERV. This is a discussion group or an automated e-mail system which sends all messages to all subscribers. While some welcome this glut of mail, many do not. You get on a list by subscribing, which normally involves sending an e-mail message asking to subscribe. No one should be on a list without subscribing. There is a body of legal opinion that believes that junk e-mail falls under the federal junk fax laws. If you find yourself on a list you do not want to be on, it is normally as simple as sending an e-mail to the list maintainer with the message "unsubscribe." If that

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does not work, you can e-mail me and I will see what I can do.

There are two clinical engineering related listservs that I know of, one in Canada and one in Australia. I have received a number of complaints about these and at least one message indicating that it is a good idea. With the messages section of the ACCE Website, I believe that the ACCE is ahead of the organizations using listserv in at least two ways. First, it is a moderated forum, which means most of the junk and flames are weeded out. Second, the message thread topics are listed so that individuals can read only those messages in which they are interested and are not inundated with all messages on all topics.

Please forward any comments you have on this subject to me and I will post them in the message section.

jmorgan@ibm.net; 516-277-4371; Fax 516-420-2194

Medical Technology Management

Joseph McClain

Keeping up with the latest in medical technology management can be challenging, especially as time and resources continue to shrink. It's now more important than ever to find everything you need in one place. That's why ASHE, recognizing your constraints as well as needs, has revamped this year's National Conference on Medical Technology Management (MTM) to be a more complete and comprehensive program examining the latest in medical technology as well as looking to the future. This program will be presented in conjunction with the American College of Clinical Engineering. Several ACCE members will speak at the Conference. The program includes entrance to the Radiological Society of North America's (RSNA) exhibits held simultaneously at Chicago's McCormick Place Convention Center.

Schedule of Events

- Dec. 3 Tour of GE X-ray (CT & Tube Factory)
- Dec. 4 Visit to Radiology Exhibition at McCormick Plaza
- Dec. 5 Opening Ceremony and Educational Program
- Dec. 6 Educational Program
- Dec. 7 Special Interest Groups (Military etc.) & CEMTM (Committee mtg.)

A facsimile of the program brochure may be obtained by calling 800-764-3294 and asking for document no. 431216. Better yet, find it on the ACCE Home Page

The Technology Management Conference is a focused educational forum for discussion and learning on issues related to technology

management, biomedical equipment management, technology and the design process, equipment safety, regulatory issues and the rapidly changing management of clinical engineering departments. How these issues affect health care delivery today as well as future technology trends will be addressed. The 1995 Conference attracted clinical engineers and health care facility managers, as well as planners and architects.

For additional information on the conference, call Patti Costello, Director of Education 312-422-3807.

Calendar of Events

- ◆ 18th Annual International IEEE/EMBS Conference, October 31 - November 3, 1996, Amsterdam, The Netherlands. Fax 216-459-4608; e-mail: mrn@po.cwru.edu.
- ◆ AAMI Mid-Year Meeting & Exposition, November 14-16, 1996, Columbus, OH. Call 800-332-2264, ext. 260.
- ◆ XIX National Conference on Biomedical Engineering, November 27-30, 1996, Science Faculty Amozcalliat University City, Mexico, DF. Call (52)(5) 573-5255 ext.386, Fax (52)(5) 573-0926.
- ◆ ASHE Medical Technology Management (MTM) Conference, December 3-7, 1996, Chicago, IL. Call 312-422-3807.
- ◆ 16th Annual Northeast Biomedical Symposium, October 28-30, 1996, Waltham, MA. Call 617-871-2370.
- ◆ AIMBE 6th Annual Event, *Bioengineering, Innovation, and the Law*, March 1-4, 1997, Washington, DC. Info: kwoaimbedc@aol.com
- ◆ AFSM Meeting, May 9-10, San Diego, CA.
- ◆ Third Annual Health Tech Conference, May 11-14, 1997, San Diego, CA.
- ◆ AAMI 32nd Annual Meeting & Exposition, June 7-11, 1997, Washington, DC.
- ◆ Cigar Night, June 7, 1997, Washington, DC. Call 516-751-7244.
- ◆ ACCE Annual Meeting, June 10, 1997, Washington, DC.

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2. GIVE IT TO A CLINICAL ENGINEER
3. TALK ABOUT ACCE
4. INCREASE  MEMBERSHIP