ACCE News

Newsletter of the American College of Clinical Engineering

November/December 2009 Volume 19, Issue 6

Late Breaking News: Zambuto Elected Treasurer of IHE Internat'l

ACCE Past-President and IHE PCD Founding Member, Ray Zambuto CCE, FASHE, FHIMSS, FACCE has been elected to a 2-year term as Treasurer of IHE International. Inc. His primary duties are in the areas of long-range planning, marketing, program development, and corporate strategy. Find out more about IHE at

http://www.ihe.net/#.

In this Issue:

President's Message: CE Mentorships

Earlier this fall, I attended the Administrative Committee meeting (AdCom) at the IEEE EMB Annual Conference in Minneapolis, MN. The weather in the Twin Cities was beautiful with partly cloudy skies and a cool breeze. A good friend of mine who works for Medtronic and lives in Minneapolis chided that this first week of September was my preview of 'autumn' and that if I stayed for a week, I could also get a sample of winter. But neither he nor I were there past Labor Day so I can't comment on his future as a weatherman should the whole neurostimulator 'thing' not work out for him.

This early foray into fall coincided nicely with the Back-To-School season and I mused that the setting and timing were perfect for a meeting with IEEE EMBS, an organization whose membership is heavily academic (52%). ACCE Past-President Elliot Sloane was there serving in his position on the EMBS Board and we chatted briefly before the meeting began about what an incredible time we find ourselves in now, what with the progress being made in medical device interoperability and the inclusion of medical devices in the government's adopted definition of the Meaningful Use of an electronic healthcare record (see the official ACCE response to Meaningful Use our website: www.accenet.org)...all while trying to stretch our budgets to cover the basics AND stay on top of these new innovations. I spoke for 10 minutes about our organization, focusing on our strengths in education and advocacy and then passed the microphone to another guest speaker. During the reception, I had several, SEVERAL conversations about Clinical Engineering Education. Quite a few of the AdCom members run Biomedical Engineering programs at their universities and I was approached a few times asking how to start a Clinical Engineering program or, at least, develop Clinical Engineering internships since many Biomedical Engineering students want jobs outside a laboratory. My advice was to connect with alumni working in healthcare to learn about opportunities in their institutions AND to also inquire as to what did or did not prepare them for life away from campus. I know this works because I've taken several phone calls from alumnae from my alma mater, Boston University and I was happy to share my experiences as a Clinical Engineer with them and where they could find more information (like, ahem, the ACCE Website). From there, they could decide if the career was right for them or not. Since my lab here in Rome is occupied with both research and clinical activities, we get a lot of students from Università di Roma 'Sapienza' who join us for a year or two to complete their equivalent to what most of us recognize as the 'senior project' or 'thesis project'. Just like the BU students, a lot of them question me about the Clinical Engineering field and how to best prepare for such a career. Even if they don't choose CE as a career path and decide to go into industry or stay in academia, at least they know that an able engineer could be available to them to provide that 'insider' point of view.

This made me think more about the importance of internships and mentorships. My thoughts

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President's Report continued

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started to move towards the discussion that I started with Elliot before the meeting – about how there was just SO MUCH to do and not enough CEs that considered themselves 'expert' enough to participate. This conversation then continued in Rio de Janeiro with Frank Painter, Yadin David, Jim Wear, and Elliot while I participated in the recent WHO Technology Advisory Group Meeting (read more about that in Ismael's column). Are we doing enough to extend the benefits from our 'extra-curricular' activities to the newer generations of CEs? Not just reporting out about new innovations or standards which benefit from our contributions, but do we take the time to review our thought processes with them or why we take certain courses of action?

Healthcare Technology Management has a central role both nationally and internationally. For our field to grow to meet these challenges, we owe it to our profession to share our passion and encourage active participation from these newer generations. For example, create a space for one or two new CEs at your next 'subject matter expert' meeting so that they can listen in on the discussion. And if you are one of the newer generation CEs starving for this experience, seek out those experts at conferences and in the journals and introduce yourself. Take on a project like reviewing an article or taking meeting minutes. Push yourself.

So, in parting, as we ready ourselves for a new year, I leave you to think about the mentor-mentee relationship. How might that water cooler chat about blinding deficits in [insert your 'favorite' standard or technology management guideline here] might seem like casual procrastination but could actually be a unique teaching moment.

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 and include credit card information (name on card, type of card, card number, and expiration date). Applications are now being accepted for the **November 2009** 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

ACCE News

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Leslie Geddes: Distinguished Teacher and Researcher

Leslie Geddes, a Purdue University distinguished professor of biomedical engineering and recipient of the National Medal of Technology, died on October 25. He was 88. The Showalter Distinguished Professor Emeritus of Biomedical Engineering, Geddes created innovations ranging from burn treatments to miniature defibrillators and ligament repair to tiny blood pressure monitors for premature infants.

"Purdue is deeply saddened by the loss of Dr. Geddes," said Purdue President France A. Córdova. "While he is best known for his pioneering work that created the implantable medical device field, and has benefited millions of lives around the world, we also have lost a talented educator with a unique gift for inspiring his students to even greater heights."

Born May 24, 1921, in Port Gordon, Scotland, his family moved to Canada, where he earned a bachelor's degree in electrical engineering in 1945 and a master's degree in electrical engineering in 1953 from McGill University in Montreal. He earned a doctorate in physiology in 1959 from the Baylor University College of Medicine, where – among other accomplishments – he developed physiological monitoring systems for early astronauts.

Geddes was recruited to Purdue in 1974 to help the university develop an organized biomedical engineering research center and create new technologies in the field, and his research and teaching laid the foundation for creation of a department of biomedical engineering in 1998.

He received the 2006 National Medal of Technology from President George W. Bush in a White House ceremony in 2007. The award is the nation's highest honor for technological innovation.

His most recent discovery was a new method for performing cardiopulmonary resuscitation that has advantages when compared to standard CPR.

"Dr. Geddes was an incredibly innovative thinker, prolific inventor and gracious individual," said Leah H. Jamieson, the John A. Edwardson Dean of Engineering. "His work has been a major factor behind Indiana's emergence as a national leader in biomedical industries. He will be missed by all of us at Purdue and around the globe."

In 2004 Geddes received Purdue's Outstanding Commercialization Award to recognize his 30 patents, many now licensed by Indiana companies. Patents and technologies emerging from Geddes' laboratory have generated more than $15 million in royalties for Purdue.

He officially retired in 1991, when he was named distinguished professor emeritus, but he continued his teaching and research.

"Les Geddes had an exceptional gift for motivating students and exciting people so that they excelled in the classroom and in the laboratory," said George Wodicka, head of Purdue's Weldon School of Biomedical Engineering. "His tireless dedication, curiosity, and willingness to explore and test new ideas not only helped shape modern medicine and the medical device industry, but also is a legacy that will continue to inspire future generations of researchers, entrepreneurs and leaders."

Among his accomplishments during a career that spanned more than 50 years are: An energy efficient miniature defibrillator that is small enough to implant inside a person; a regenerative tissue graft made from a layer of pig intestines that has been used by surgeons to treat more than 200,000 patients; a pacemaker that automatically increases a person's heart rate during exercise, a portable electrocardiograph that patients use to monitor the electrical patterns of their own hearts, a miniature cuff that fits over the pinky-sized limbs of premature infants to measure blood pressure, heart and respiratory rates, and the amount of oxygen in the blood; a device that tells medical personnel whether they are properly administering cardiopulmonary resuscitation. The device could be crucial in saving lives because every minute of delay in resuscitation reduces the chance of survival by 10 percent.

Leslie Geddes

One-third of the $15 million in royalties goes into the university's venture fund, which supports other research to develop new technologies. Indiana-based companies that have licensed and commercialized Geddes' inventions include Cook Biotech Inc., DePuy Inc., Eli Lilly and Co., and Hillenbrand Industries.

Geddes received many awards during his illustrious career, including the IEEE Edison Medal, the Engineering in Medicine and Biology Society Career Achievement Award, the Association for the Advancement of Medical Instrumentation Laufman-Greatbatch Award, and the Nelson Innovation Award.

In 1962 he married Dr. LaNelle E. (Nerger) Geddes, and she survives. Also surviving is a son, James, two granddaughters and four great-grandchildren.

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Perspectives from ECRI Institute: Top Ten Medical Technology Hazards for 2010

For its over forty years of existence, ECRI Institute has developed a tremendous amount of knowledge about medical device safety. This has come from the work of our Health Devices comparative evaluation program, investigations from our longstanding international problem reporting system, research and analysis from our accident and forensic investigation services, and our recent experience in running Pennsylvania's Patient Safety Reporting System. We recently distilled much of that knowledge to publish a guidance article in the November 2009 issue of Health Devices with our third annual list of top ten health technology hazards. Our list is based on serious technology safety concerns that can be prevented with appropriate attention and planning. The list was put together to help raise awareness about these serious problems.

Medical devices and systems are designed to aid in the diagnosis and treatment of a multitude of conditions that patients experience. In the vast majority of cases, these technologies do just that—that is, a device or system is used correctly and it functions as intended.

There are exceptions, however. And patients and staff do get injured during the use of medical technologies. Clearly, healthcare facilities should strive to eliminate all health technology hazards. But it simply is not possible to address all potential sources of injury or damage at once. Thus, hospitals should start by focusing on those hazards that warrant the most attention. The items on our top 10 list are those that ECRI Institute believes should be receiving attention at virtually all healthcare facilities in 2010.

When compiling our list, we considered both the prevalence and severity of the adverse event. That is, we selected items representing threats to patient (and staff) safety that occur frequently or that could lead to severe harm—or both. We based our selections on our experience in investigating and consulting on device-related incidents, as well as

on information found in ECRI Institute's medical device reporting databases and in other problem reporting databases. For each item on the list, our article describes the hazard, presents recommendations for avoiding it, and points to useful articles and PowerPoint presentations with more information on the topic.

The top 10 hazards for 2010, listed in order of importance include: Cross-contamination from flexible endoscopes; alarm hazards; surgical fires, CT radiation dose issues, retained devices and unretrieved fragments, needlesticks and other sharps injuries, problems with computerized equipment and systems, surgical stapler hazards, ferromagnetic objects in an MR environment and fiber-optic light source burns.

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

The guidance article with the top ten list is available for a free download from ECRI Institute's Web site at the www.ecri.org. Feel free to contact me at (610) 825-6000, ext. 5279 or jkeller@ecri.org if you would like discuss any of the items covered on the top ten list.

Geddes

(Continued from page 3)

In lieu of a funeral service, the family has asked that written stories celebrating Geddes' life be sent to the Weldon School of Biomedical Engineering, Attn: Jo Gelfand, 206 S. Martin Jischke Drive, West Lafayette, IN 47907-2032. Memorial contributions can be made to the Dr. Leslie A. Geddes Scholarship Fund at the same address.

ACCE Advocacy Awards - Call For Nominations

Dear ACCE Friends:

On behalf of the ACCE Board, the ACCE Advocacy Committee is pleased to note the following awards and winners. The 2010 ACCE Award Banquet is on Monday, March 1, 2010 at the HIMSS/ACCE meeting in Atlanta.

Please take time to nominate worthy colleagues today or contact students to submit their papers. Just email recommended individual(s), justification(s), and or papers to advocacychair@accenet.org.

Award: Lifetime Achievement Award **Award Criteria:** This award is the highest award given by ACCE. It will be given to an individual based on life long accomplishments and contributions to the clinical engineering profession.	2005 George Johnston 2006 Marv Shepard 2008 David Harrington & Ted Cohen 2009 William Hyman
Award: International Clinical Engineering Award **Award Criteria:** The award will be presented to one deserving international engineer who has advanced health technology management in their country to improve quality, service, and affordability. The individual would typically be recognized by their country's health leaders or global organizations through leadership roles in their country's national and or activities in the region.	2008 Adriana Velazquez 2009 Andrei Issakov
Award: Marv Shepherd Patient Safety Award **Award Criteria:** The award will be given to an individual who has excelled in the "safety" area related to the clinical engineering field. For example, a national investigator of accidents, an inventor of a safety device, or an author of books on medical device hazards, etc. This is a joint Award between ACCE and the ACCE Healthcare Technology Foundation.	2002 Leslie Geddes 2003 Mark Bruley 2004 Jeffrey Cooper 2005 Bryanne Patail 2006 Leonard Klebanov & Larry Fennigkoh 2007 Malcolm Ridgway 2008 Jim Wear & Matt Baretich 2009 David Paperman
Award: ACCE Challenge Award **Award Criteria:** The award will be given to an individual who is not presently an ACCE member, but is eligible for membership, for his/her achievements in the field of medical technology within the clinical engineering (CE) field, for example; an individual who has contributed to the design of a "safe" environment or shown significant activities in technology management and assessment.	2002 L.Lkebanov & J Czap 2003 Luis Cornejo & Sophia Zikherman 2005 Carolyn Mahoney & John Reis 2006 Naida Grunde & Mike Doron 2008 Denise Korniewicz 2009 Michael Fraai
Award: Tom O'Dea Advocacy Award **Award Criteria:** The award will be given to an individual who has written articles, given presentations, or led efforts that have advanced the field of CE – particularly in promoting the profession to people in other related fields.	2002 Tom O'Dea 2003 Steve Grimes, John Hughes 2005 Joe Dyro 2006 Elliott Sloane & Ray Zambuto 2007 Julie Kirst 2008 Nancy Pressly 2009 Guruprasad Madhavan
Award: Professional Achievement in Technology Award/ Professional Development Award **Award Criteria:** The award will be given to an individual for his/her contributions to the CE profession of a professional or technical nature, such as research or development of a new technique or product, a paper of significance on a technical issue, or 'trailblazing' work in a new application of clinical engineering.	2002 Joe Bronzino 2003 Malcolm Ridgway 2005 Steve Grimes 2006 Matt Baretich 2007 Todd Cooper 2008 Frank Painter 2009 Julian Goldman
Award: Professional Achievement in Management Award/ Managerial Excellence Award **Award Criteria:** The award will be given to an individual for his/her contributions to the CE profession of a managerial nature, such as a paper of significance, solving of a problem or issue for the profession, or the application of new techniques to CE with measurable positive results.	2002 Kenneth Maddock 2004 Pat Lynch 2005 Manny Furst 2007 Richard Congdon 2008 Tobey Clark & Ismael Cordero 2009 Marc Bateman
Award: Student Paper Competition **Award Criteria:** The award will be given to an individual currently a student in a CE or related graduate program that wrote a paper that contributes significantly to the body of knowledge in CE.	2003 Kristi Hinner 2005 Brandi Spencer 2006 Mary Fazio 2008Raquel Lopez 2009Danielle McGeary

International Report: First ACEW in India

The first Advanced Clinical Engineering Workshop in India was held Oct. 5–9, 2009. It was held in Thiruvananthapuram, India under the auspices of Indo-US Science and Technology Forum (IUSSTF), Sree Chitra Tirunal Institute for Medical Sciences and Technology (SCTIMST), and American College of Clinical Engineering (ACCE) , with endorsement by International Federation for Medical and Biological Engineering (IFMBE), Quality Council of India (QCI), and National Accreditation Board for Hospitals & Healthcare Providers (NABH), in collaboration with the World Health Organization (WHO). Several Indian government agencies and private enterprises provided valuable financial support.

ACEW/India faculty speak at the Advanced Clinical Engineering workshop in Thiruvananthapuram. India

This workshop is part of a long series of workshops held in various developing countries by ACCE. The workshop was lead by a team of American faculty members including: Thomas Bauld (Veteran's Affairs, National Center for Patient Safety), J Tobey Clark (Clinical Engineering Shared Service/Instrumentation Development Group, Univ. of Vermont), Joseph Dyro (Biomedical Resource Group), Steve Grimes (Technology in Medicine), Bhavesh Patel (Washington Hospital Center), and Binseng Wang (ARAMARK Healthcare's Clinical Technology Services). Also present was Prof. Gundu H. R. Rao (University of Minnesota).


ACCE members and ACEW/India faculty Steve Grimes (left), Joe Dyro, Binseng Wang and Tom Bauld at the Taj Majal in Agra India.

The following Indian health authorities and experts also gave presentations: G. S. Bhuvaneshwar, SCTIMST; Thiruvananthapuram; Giridhar Gyani, CEO, Quality Council of India & NABH; Sanjay Oak, Dean, KEM Hospital Mumbai; Uma Nambiar, Director, S. L. Raheja Hospital, Mumbai; Arun Bal, Surgeon and President, ACASH, India; S. S. Shastri, Preventive Oncology, Tata Mem. Hosp., Mumbai and Sivaram Rajagopalan, SHIVA CONSULTANTS LLP, Coimbatore.

In addition, there were representatives from hospitals, universities, and industry. There were a total of about 100 registered participants, of which about 30 were undergraduate and graduate students.

The workshop covered a wide range of technology management and maintenance issues such as strategic planning, equipment acquisition, maintenance planning, user training, risk management, financial planning and management, replacement planning, etc., as well as device regulation, telemedicine, human factors, electromagnetic interference, and telemetry. The participants were also divided into three groups to work on case studies (the topics were incident investigation, regulation of medical devices, training of clinical engineering staff, and capital equipment planning and incorporation).

The faculty and participants also wish to acknowledge the work and support of the following: M.S. Ananth, Director,

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International Report: 2nd WHO Expert Advisory Meeting on Health Technology and Infrastructure

Left to Right: Jennifer Jackson presenting ACCE's international work; meeting participants; Biseng Wang addressing the group.

The second meeting of the Technical Advisory Group Meeting on Health Technology was held in Rio de Janeiro, Brazil from 8 to 9 November 2009. This was a follow up on the first meeting held in Geneva in April this year and the meeting's purpose was to further review and analyze the country experience with developing and implementing national health technology policies and programs within the broad health service context, including feedback on use of decision-making and management tools. The meeting was expected to provide WHO with expert advice and guidance with regard to delineating further action for supporting Member States in their efforts in setting up effective national health technology policies, programs and systems, particularly as related to the revision and update of existing tools, or development of new ones to address identified gaps.

Just as in the first meeting in April, ACCE was represented in this meeting. The following ACCE members participated as expert advisors: Jennifer Jackson, Yadin David, Frank Painter, Matt Baretich, Mario Castaneda, Binseng Wang, Tony Easty, Ismael Cordero, Jim Wear, Robert Malkin, Roger Smith, Antonio Hernandez and Elliot Sloane. The main meeting organizer, Adriana Velazquez of WHO, is also an ACCE member. In addition to the organizers and expert advisors, there were representatives from WHO regional offices and from member countries. Elliot Sloane acted as meeting chairman and did an excellent job keeping the discussions lively, pertinent and within the time constraints.

The recommendations of the meeting will be followed up by smaller working groups that will work on revising and updating existing tools, and developing new ones. The outcome of this work will be presented and finalized at a third meeting in Cairo in June 2010 following the pilot country implementation of selected tools. Country and regional workshops may be held in between as needed.

The long-term objective of this work is to clearly define country needs and possible gaps in the internationally available healthcare technology management tools, specifically in biomedical engineering, concerning medical devices and delineate required action by WHO and other partners to respond to the identified needs in a concerted and aligned way.

The meeting was well received by the participants, and provided the added benefit of networking with peers from all over the world in the beautiful setting of Rio de Janeiro. It was a blessing though that the meeting room did not have windows, otherwise all of us would have been too distracted by the gorgeous view to focus on any work.

Ismael Cordero

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ACEW India

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Indian Institute of Technology, Madras;; Suranjan Bhattacharji, Director, Christian Medical College, Vellore; K. Radhakrishnan, Director, SCTIMST, Trivandrum; G. S. Bhuvaneshwar, Head, BMT Wing, SCTIMST, Trivandrum; G. K. Suraishkumar, IIT Madras, Chennai; Prof. Suresh Devasahayam, Christian Medical College, Vellore; Niranjan D. Khambete; and Frank Painter for coordinating this workshop.

Binseng Wang

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The View from the Penalty Box:

Was 2009 a Good Year for You?

The year 2009 has not been a very good one for many people in many ways but has been very good for others. We just need to work to make sure that more people have a good year in 2010 and by doing our jobs we can help many find a better life.

This year we have been bombarded by various "experts, pundits or just plain "blow hards" saying that healthcare is out of control, if there is a government plan for health insurance it will spell the downfall of all healthcare, there will be death panels and on and on. From the other side, people say that healthcare is out of control, there needs to be a government plan or healthcare will collapse, that companies bringing new products to the market need to be taxed and on and on. The only agreement between the "knowledge groups" is that healthcare is out of control. Is it possible that both "knowledge groups" will shut up and listen to the each other on the common concerns that they agree on to develop a common program? My guess is about the same chance of the Cubs winning the World Series, the Browns winning the Super Bowl and the Bruins winning the Stanley Cup.

What bothers me is that the US government handed out billions of our dollars to companies that made stupid business decisions, handed out huge pay checks to their upper management and generally caused our financial problems but refused to take any responsibility for what they did to all of us. Their explanation for the huge bonuses is that they have to pay their people that much or they will leave to go to a competitor. The items that they seem to forget is that many of the competitors have gone out of business or merged with other companies and those big jobs are not that easy to find anymore. With what was handed to these banks and investment firms we could have upgraded the equipment in every hospitals in the US, reduced our costs by having more efficient technology in house and made healthcare much better. Also, just think how many jobs would have been created in the companies supplying the products the hospitals and the service organizations use? To me that is a win/win/win, (better healthcare, lower costs, and more jobs). Too bad we did not have millions to put into PAC donations to politicians so they just blindly, as usual, followed the money and supported the few, the greedy and corrupt, instead of helping the general public with jobs and lower healthcare costs.

There have been some good things happening in our profession and for that we are proud and hope to build off of these gains to become more of a force in healthcare. We are seeing more sharing of information between engineers which is great. We are seeing regional programs picking up in numbers. We are seeing more engineers publish articles and comments. We see the on-line groups becoming more active and better focused on problems that can be solved by us.

For many years clinical engineers have been on the front line of helping people around the world, ACCE has held many work shops and training sessions as have the engineers associated with AMRF, ASSIST, IMEC, ORBIS and so many other groups. These programs rely on engineers to set up the equipment, train those that will service the equipment when the team leaves and establish contacts that will last for lifetimes. I urge all of you to consider getting involved with the programs as they give you some of the greatest pleasures that you can imagine. To see the expressions on the faces of people that have been helped by your skills is something that those of us who have been there will never forget.

While 2009 may not have been the best year for many of us we look forward to 2010 knowing that we are doing our best to advance healthcare, keep costs down and safety up so to all of you THANK YOU FOR YOUR EFFORTS and have a great Holiday season.

Dave Harrington

dave@sbttech.com

Journal of Clinical Engineering – Call for Papers

The Journal of Clinical Engineering, which prints the ACCE News in each issue, is interested in papers from you. If you have an urge to write, and good clinical engineering activities or thoughts to share, please consider JCE as one of your outlets. One type of article not seen in a while is the Department Overview which presents how your department is structured and how it performs its functions. Shorter "Perspective" pieces are also welcome. You can discuss manuscript ideas with fellow member William Hyman, who is one of the editors of JCE. He can be reached at w-hyman@tamu.edu. Completed manuscripts can be sent to William or Michael Leven-Epstein at

ACCE

AMERICAN COLLEGE OF CLINICAL ENGINEERING

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

We are on the Web:

www.accenet.org

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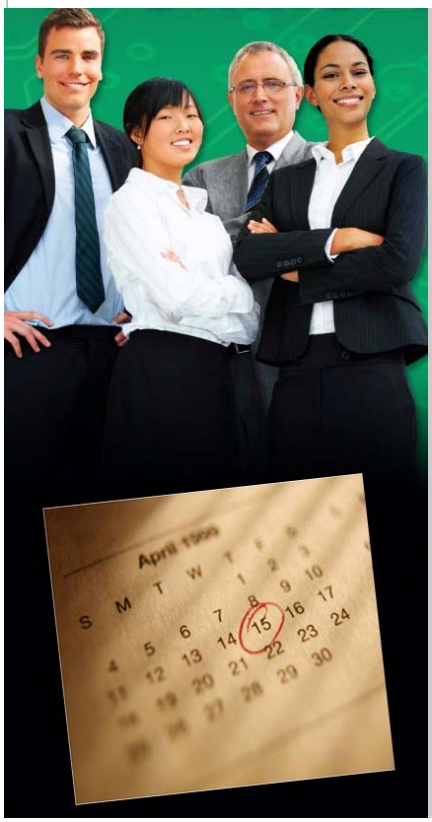

Calendar of Events

December 17, 2009
Evidence-based Maintenance

January 21, 2010
Benchmarking Best Practices and CE Performance Data

March 1-4, 2010
HIMSS Conference,
ACCE Meeting and Reception
(Sunday February 29, 2010)
Atlanta GA

June 26-28, 2010
AAMI Conference and Exposition,
Tampa FL

September 16-17, 2010
Second Annual Medical Device Connectivity Conference & Exhibition
San Diego, CA.

= ACCE Teleconference