



# ACCE News

Newsletter of the American College of Clinical Engineering

November-December 2011

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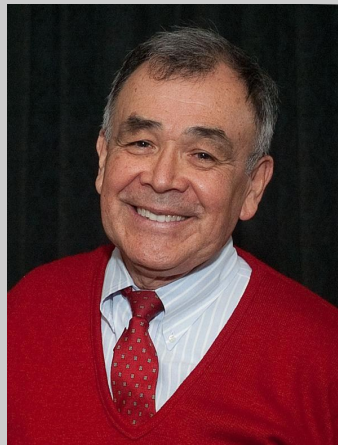
Now accepting nominations for ACCE Advocacy Awards!

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## President's Message: Preamble to Change



As we approach the closing of this year, I want to wish our ACCE members and supporters a very happy holiday season. I also want to thank the ACCE leadership team and volunteers for their contribution to the success of this year's programs, and welcome our new Board of Directors. Next year promises to be special because it is fraught with well-publicized apocalyptic changes foretold in Mayan lore. I am sure we will have plenty of media covering this subject, and for now let me update you on recent activities and share my contrasting prophesy of great opportunities coming to our organization next year.

On the national scene ACCE has collaborated in several events aiming towards promoting patient safety and operational efficiencies in health care delivery.

**Medical Device Alarms Summit** – Jointly convened by AAMI, ACCE, FDA, and ECRI Institute, this proved to be an effective model to design a framework to solve the current issues with advanced medical device alarms. I appreciated the fact-based and outcome-oriented discussions among key stakeholders from the health care provider community, government, industry, academia, professional organizations, and related foundations. At the end, each participant walked away with a solid understanding of the magnitude and priority of the issues, and above all with assignments based on the awareness of the commitment required to stop the current situation.

**CE-IT Community: November 2011 Virtual Town Hall Meeting** – Jointly planned by ACCE, AAMI, and HIMSS, this program focused on the current regulations, operational challenges, and solutions for medical device integration and interoperability. Elliot Sloane led the presentations and discussions.

**Third Annual Medical Device Connectivity Conference & Exhibition, Boston** – ACCE was a supporting organization for this event. The program included presentations and discussions on FDA policy, strategy for MDDS and related solutions, regulatory topics for mHealth, and standards development and implementation status, specifically covering IEC 80001, ASTM F2761-2009, and ISO/IEEE 11072. Our President-Elect Jim Keller was a keynote speaker.

**Second Annual AMA-IEEE Medical Technology Conference, Boston** – ACCE was a Technical co-sponsor for this conference. This event focused on advancing Healthcare IT by further exploring convergences of science, engineering, and health care with other technologies for acquisition, storage, retrieval, display, and use of information such as that used for clinical decision support.

**mHealth Summit: December 2011 (Washington D C)** – ACCE was a collaborating organization with MDISS to staff and participate in medical device security panels.

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# President's Message: Preamble to Change

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On the international front ACCE is moving forward along the path of meeting the goals recently defined and approved by the Board of Directors, and our international infrastructure for strategy has been strengthened. The ACCE president continues as Board Liaison to the International Committee now under the leadership of Antonio Hernandez. I report to the Board on the overall direction for ACCE international participation; however, one new infrastructure feature is the ACCE International Collaboration Strategy Group. This strategic group meets monthly, and it is currently facilitated by Tom Judd. Any project recommended by the group goes to the appropriate member for funding and project management. Current members include ACCE, HTF, IFMBE-CED, and WHO.

During the last quarter of this year I had the opportunity to participate and promote ACCE in two international events as speaker.

## **Second International Seminar on Quality, Medellin, Colombia –**

“Maintaining Patient Safety in modern hospital infrastructures and high technology.” This was a two-day event convened by CES university with sponsorship and participation of the Ministry of Health. In attendance were hospital operation executives, doctors, architects, academicians, and graduate students. I shared the podium with Antonio Hernandez and several architects, and physicians. Antonio spoke eloquently on hospitals of the future, and infrastructure impact on patient safety, I spoke on Health IT, convergence, integration, and interoperability.

## **Fourth International one-week event on Integration and Health Care System Improvement (Mexico City) –**

This is a large meeting of the Mexican Ministry of Health where several of its units, including CENETEC (recipient of the 2011 ACCE's International ACEW Award), had a visible organizing presence in this meeting. The audience included leadership from the Ministry of Health, executives from the health

care delivery sector, doctors, students, and health care technology vendors. The theme of this event was “Adding our Efforts toward Integration in the Health Care System.” Integration meant functional integration as well as technological integration. As in many large organizations and for many appropriate reasons, several departments may end up with similar support functions, thus providing the opportunity for collaboration, simplification, and alignment of common resources.

I participated in several sessions including a large plenary session titled “Technology Convergence in Health Care Systems,” and had the opportunity to share the podium with our own Steve Grimes, on medical device and associated networks, and with Dr. Jim Spira from the VA and Dr. Jean-Paul Fortin from Quebec University on Telemedicine. Based on the standing-room-only attendance in a large room and the high number of questions to our group at the post-presentation panel, I would say it was a very successful session.

I was further impressed by the well-organized production of the meeting, the high quality of speakers, and the active participation of the audience. The vendor display “Hospital in the Cloud” was an excellent simulation of a hospital EMR, medical devices, and patient flow integrated system. Congratulations CENETEC, you are indeed a center of excellence in Latin America!

As year-end approaches I look forward to enjoying the holidays with my family, and welcome the new year with dear friends. In all accounts, 2012 is going to be a year for major changes in the global and national fronts, and I for one follow sage advice given to me by one of my mentors who counseled me to ask this question when things appear to be going down the tubes: what is the opportunity here? At ACCE we have been preparing for our major activities for next year and to seek opportunities to fulfill our mission in all situations we encounter.

For our ongoing activities like national meetings, we are ahead of schedule in our planning and participation tasks.

**HIMSS 2012: Feb. 20 -24 (Las Vegas, NV)** – ACCE participated in the planning the all-day CE-IT Symposium occurring on Monday, February 20th. The presentations include Medical Device Connectivity, Working with Clinicians, Human Factors Engineering, HTM, and Medical Alarms and Patient Safety. With these hot and relevant subjects the CE-IT Symposium is poised for record attendance.

New for 2012, ACCE will be sponsoring a booth at the Medical Device Pavilion Tuesday, Wednesday, and Thursday. This exhibit location is dedicated to medical device technology, presentations on Integration using mHealth infrastructure, FDA Guidance, and IHE PCD road to interoperability. There will be a reception Tuesday at 6PM. This is a wonderful opportunity to network with all participants of ACCE activities, members of IT organizations, and vendors.

Also new for 2012 is the ACCE Educational Session. We will host excellent speakers on the hot topic of mobile applications for health care. These activities are sponsored by generous contributions from vendors such as AwarePoint, Philips, and others.

**AAMI 2012: June 2-4 (Charlotte, NC)** – ACCE Symposium at AAMI, reception, and marketing. An ACCE-NC event group is being organized.

## **Other new events for 2012:**

Clinical Engineering Leadership Summit – The objective of this activity is to provide workshops and to create an opportunity for clinical engineers, health care employers, and educators to convene to address a critical issue in the clinical engineering space. There are not viable – according to employers – clinical engineering leaders to fill several leadership positions across the US. While clinical engineers are sought for their technical ability, the transition to needed management roles has been challenging. Thus far, the time frame suggested for this summit is late summer, and the potential locations

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# President's Message: Preamble to Change

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are on the west coast.

**Alarm Management Toolkit** – This is a document that provides our membership with guidelines and recommendations on how to manage planning, implementation, and problem solving for medical alarm systems.

As for enhancements and to our current infrastructure in 2012, the current strategic

plan includes the creation of Finance, and Communications Committees, and subsequently, the addition of a full-time Executive Director. These actions were endorsed by the Board to move our organization to the next level of engagement and self-sufficiency.

I appreciate your support and have the commitment of ACCE leadership to move these projects forward. Jim Keller, our president-elect, will be working with the Membership Committee to advance one of his own initiatives aimed to have current and

frequent feedback from our membership so we ensure we are moving in the same direction together, and that we are made aware of our blind spots.

Happy Holidays to you and your loved ones.

Sincerely,

Mario Castañeda  
[president@accenet.org](mailto:president@accenet.org)

## Welcome New Members

This has been a very active time for the membership committee with a lot of new applications. Many of the applications were for candidates that will help develop our younger base to keep the field of Clinical Engineering alive and active.

Let's welcome our newest members, approved by the Board of Directors on November 1, 2011:

### Individual Members:

*Guy Tirondola*—Program Coordinator at GE Healthcare in Manahawkin, NJ

*Luis Vilcahuaman*—Professor at Engineering-Electronic Section of Pontifical Catholic University of Peru in Lima, Peru

*Michael Philpott*—Regional Manager at Adventist Health System West in Portland, OR

*Rossana Rivas*—VP for Research at Pontifical Catholic University of Peru in Lima, Peru

### Associate Member:

*Michael Minear*—Chief Information Officer, UC Davis Health System, Information Technology, Sacramento, CA

### Candidate Members:

*Adam Herman*—Uconn Graduate Student, Clinical Engineering Intern at University of Connecticut Health Center, Farmington, CT

*Cai Long*—PhD Student at University of British Columbia, Canada

*David Pillittere*—Uconn Graduate Student, Clinical Engineering Intern at VA Connecticut Healthcare System in New Haven, CT

*Elizabeth Zamona*—UConn Graduate Student and Clinical Engineering Intern at UMass Memorial Medical Center in Worcester, MA

*Elyssa Polomski*—UConn Graduate Student and Clinical Engineering Intern at Baystate Health in Springfield, MA

*Jacob Johnson*—Clinical Systems Engineer at Kaiser Permanente in Berkeley, CA

*Jeffrey Peterson*—UConn Graduate Student and Clinical Engineering Intern at UMass Memorial Medical Center in Worcester, MA

*Mariana Hu*—UConn Graduate Student and Clinical Engineering intern at Linc Health, Boston, MA

*Michael Golden*—UConn Graduate Student and Clinical Engineering Intern at Mass General Hospital in Boston, MA

*Stephen Kulju*—UConn Graduate Student and Clinical Engineering Intern at VA Connecticut Healthcare, CT.

## ACCE News

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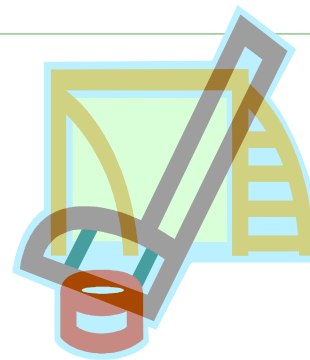
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# The View from the Penalty Box



Reflecting on 2011 we realize it was quite an eventful year: the Bruins won the Stanley Cup; tornados touched ground in New England, with a record number occurring throughout the Southeast and Midwest as well; higher temperatures, fires and dust storms in Texas; floods in the Midwest; a destructive hurricane in New England; and an October snow storm leaving several million people without power.

We have also seen some turmoil in our profession with several organizations issuing guidelines for connecting medical devices, electronic medical records and the interconnection of medical information. Many of the companies working on the interconnections are using their own "standards" so we will most likely not get too far on this. In the September/October 1990 issue of the *Journal of Clinical Engineering*, a paper was published titled "Medical Device Networks", referencing work going back into the 1988 committee meetings. I hate to say it, but most of the questions brought up in that article are still not answered, and we are at nearly the same point getting these interconnections in place as we were 22 years ago. Something tells me that we will probably do better solving all the naturally occurring problems, floods, temperature, wind and fire, than we will getting industry to agree on the interconnection. Yes, I was the author of that article.

Step one: every hospital or hospital system is to adopt one of the engineering community-developed standards for interconnectivity, as opposed to a vendor-based standard, and with the power of the purchase order, add a simple line that all devices purchased must comply with your selected "standard of interconnect". **Simply put, if you do not comply, you do not get the order.**

Step two: your hospital or system must enter an agreement with IT for the common use of the agreed upon standard. As dumb as this sounds, I recently ran into a reputedly advanced hospital where the general clinical areas were working with one standard, the IT people with another

standard, and the cardiology and clinical labs using yet another standard. This is a hospital headed for major problems and costs simply because people are not effectively talking and listening to each other. **Remember listen to what others are proposing; they might have a good idea.**

Step three: This step is probably the most difficult for clinical engineers. Sit down with all of your client departments to better understand their needs, take good notes, and then put together a clear outline that can be used as the map for getting the programs in place. Remember to listen to your clients and then put together a report that can be shared with all involved so they can see how, when, and where the interconnections will be accomplished. **Communicate with everyone.**

Step four: This is both the most critical and difficult step for everyone in healthcare to do. Determine the cost of every procedure that is done in the hospital. This will become a hot topic once our politicians and others learn that the money pot has a bottom. We have to look for which procedure offers the best clinical results for the lowest cost. Currently, most reimbursements are estimates of what hospital costs. **Know your costs; what is working well and what is not.**

If we can do all four of steps we can take the lead in healthcare technology and control costs. Costs will be the driving factor within a few short years.

On to another topic. We recently held a regional symposium here in New England. It was good to see so many engineers discussing these topics and more in a social setting. The amount of information shared was huge. I just wish more engineers would share their knowledge through presentations as presenter turnout was less than hoped. Contributing through publishing articles and workshops would also be significant. Years ago, "CE leadership" would be asked to visit another hospital to present on their own hospital's initiatives contributing to the

knowledge of the specialty. With the conferencing technology we have now, it may be an ideal time to try that again.

One last item that I have to mention is that Ismael Cordero has stepped down as one of the co-editors of the ACCE Newsletter. I would like to thank him for all his hard work in getting the newsletter out. In addition I would like to thank all of you for working so hard to help out others when they need our technology; you are doing a great job.

Dave Harrington  
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## Looking Ahead to HIMSS 2012

The focus for HIMSS 2012 will be to build on the theme from the CE-IT symposium on Monday, February 20<sup>th</sup>, centering on Healthcare Transformation. This theme will carry over to the exhibit floor on Tuesday, February 21<sup>st</sup> at the HIMSS knowledge center exhibits, especially the pavilion that is focused on Medical Device Interoperability. Bridget Moorman will give an education session at 5PM on mobile device healthcare applications. Tom Judd and Jon Blasingame will organize and man the medical device "ask the expert" booth at the same exhibit 4-5PM. The focus for the experts will be on the collaboration of clinical engineers and IT regarding the implementation of medical device interoperability.

The ACCE reception will be Tuesday evening, February 21, 6-9PM. This will be an opportunity to network with participants from the symposium, showcase and medical device pavilion.

A one hour education session will mark the end of the ACCE events at HIMSS on Thursday, February 23<sup>rd</sup>, starting at 9:45AM. This session will feature Joseph

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# NESCE 2011 Symposium

The New England Society of Clinical Engineering (NESCE) kicked off November by welcoming more than two hundred Clinical Engineers, Biomedical Equipment Technicians, and guests to the 2011 Northeastern Healthcare Technology Symposium. The symposium, NESCE's triennial event held November 2-3, invited attendees, vendors and guests from New England and beyond to share best practices, learn about healthcare trends, and network with others in the field.

The event kicked off on Wednesday evening with an opportunity for attendees to enjoy one of the local attractions, Foxwoods Casino. The Casino Night provided an informal atmosphere for NESCE members to connect prior to the two full days packed with seminars, lectures, and networking.

The symposium was pleased to welcome Kurt Finke CCE, Director of the Office of Healthcare Technology Management with the Department of Veterans Affairs to provide a keynote address. Kurt presented on "Healthcare Technology Management: New Directions in Veterans Health Care." During which, Kurt gave insight into how the Veterans Healthcare Administration, the single largest integrated healthcare system in the United States, has been driving and continues to drive change within the evolving field of healthcare technology management.

Beyond the keynote address, there were numerous other opportunities for education, as attendees heard from more than fifty speakers from across the country. The speakers, who brought a wealth of knowledge, spoke in one of the symposium's five educational tracks: two focused on technology, two focused on management, and one focused on interoperability. The speakers covered a wide array of topics ranging from "First Look Support" to "Integrating the Healthcare Enterprise (IHE)." The symposium also hosted a sixth track, a Certified Biomedical Equipment Technician (CBET) Review Course, just in time for the November exam.

At the conclusion of the first day of seminars and exhibits, more than eighty attendees and guests joined the symposium planning committee for "A Night at the Aquarium - Dinner and Keynote Address" at the Mystic Aquarium in Mystic Seaport, Connecticut. The event featured Allison Tuttle, DVM, Diplomat ACZM, a staff veterinarian and Director of Animal Care, who presented on "Healthcare Technology in the Care of the Aquarium's Animals."

When attendees were not busy spending time in the seminars, networking with their peers, or learning about the animals of the Mystic Aquarium, members had the opportunity to roam the 10,000 square foot exhibit hall filled with over sixty vendors.



Kurt Finke presents his keynote address on healthcare technology management and new directions in VA care.



NESCE 2011 Symposium planning committee was responsible for coordinating the event.

Overall, the symposium was a huge success and the society looks forward to hosting its next symposium in 2014.

Barrett Franklin, President, NESCE  
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## The VHA Collaborates to Address Alarm Safety

There is an ever growing problem in the use and effectiveness of medical device alarms meant to alert caregivers to significant changes in a patient's clinical condition. The problem is severe with patient injury and death occurring throughout most all healthcare systems. Alarm safety has been cited as one of the "Top 10" medical device issues in recent industry surveys, and over a four-year period, the U.S. Food and Drug Administration reportedly received more than 500 reports of patient deaths related to alarms on monitoring devices.

A key issue is the phenomenon of "Alarm Fatigue" where false alarms are generated and reduce a clinician's confidence in the validity of an alarm. In addition to the many alarms from multiple devices attached to patients, there is little or no integration of the information from these systems, or even the multiple signals from one monitoring device.

The medical device alarm problem has been well documented through numerous studies, and even resulted in The Joint Commission (TJC) developing a Patient Safety Goal for the Management of Clinical Alarms in 2003. The increasing number

of patient deaths due to "Alarm Fatigue," has escalated the issue as a focus of recent national media attention, a TJC sentinel alert, a special ECRI Institute report, and the national Medical Device Alarms Summit for clinicians, clinical engineers and technicians, medical device industry representatives, academics, patient safety officers, subject experts, and other key stakeholders.

The need to inform clinical leadership as to the importance of this issue, defining when alarms are actionable, creating guid-

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# Perspectives from ECRI Institute: Top Ten Hazards for 2012

Health technology offers countless benefits, but also some real risks. What are the most serious device-related risks, and how can hospitals address them? For the fifth year in a row ECRI Institute answers these questions with our list of Top Ten Health Technology Hazards for 2012. These are hazards that we believe should be part of every hospital's patient safety initiatives.

Our list was designed to raise awareness about the most serious dangers associated with the use of medical devices and systems. The top five hazards on our 2012 list are:

1. Alarm hazards
2. Exposure hazards from radiation therapy and computed tomography (CT)
3. Medication administration errors using infusion pumps
4. Cross-contamination from flexible endoscopes
5. Inattention to change management for medical device connectivity

The Top 10 Health Technology Hazards list is updated each year based upon information found in ECRI Institute's medical device problem reporting databases; ECRI Institute PSO; and the judgment, analysis, and expertise of the organization's multi-disciplinary patient safety staff. Some hazards remain from the previous year if still deemed critical, and others are removed to make room for new more pressing safety concerns.

Each of the hazards in the 2012 report met one or more of the following criteria:

- It has resulted in injury or death
- It has occurred frequently
- It can affect a large number of individuals
- It has had a high profile or widespread news coverage

Lastly, to make the list, there had to be clear steps that hospitals can take now to minimize the risks from each of the hazards.

Our Top Ten lists have been among the most frequently referenced and high profile ECRI Institute content. The new Top Ten list has already been covered by a number of prominent news outlets and publications including Modern Healthcare, the Boston Globe, CMIO News, The Sacramento Bee, Outpatient Surgery, Medcity News; DotMed, and PRNewswire, which amazingly posted information about our list to its Times Square Jumbo-Tron (see below).



ECRI Top 10 on Times Square JumboTron as posted by PRNewswire.

New for this year is a web-based survey tool to help hospitals easily assess their facility's risk in each of the ten areas. The tool has a list of survey questions for each of the ten hazards and returns the results to a survey coordinator with a score indicating the hospital's risk level for each of the hazards. This tool provides an excellent opportunity for clinical engineers to help their hospitals determine which of our Top Ten hazards should receive the most attention.

The Top 10 Health Technology Hazards List for 2012 and the survey tool are available from the member websites for ECRI Institutes' Health Devices, Health Devices Gold, and SELECTPlus programs. The Top Ten list article is also available for a free download from ECRI Institute's pub-

lic website at:

[www.ecri.org/2012\\_Top\\_10\\_Hazards](http://www.ecri.org/2012_Top_10_Hazards)

To watch a short video about this year's list, click [here](#) or on the photograph below. Do you think I'm ready for "prime time"?

Feel free to contact me if you'd like to discuss our Top Ten List or if you have ideas for topics you think we should be covering for our next list, which we plan to publish in November 2012.



Jim Keller  
[jkeller@ecri.org](mailto:jkeller@ecri.org)

## Looking Ahead to HIMSS 2012

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Smith, MD PhD from the Wireless West Health Institute and Alan Hobbes, PhD, from Kaiser Permanente. The session is titled Mobile Health Applications: Is Healthcare ready?

As usual, ACCE will be manning a booth during exhibit hours and recruiting amongst the membership to help in all our activities. Some ACCE members will also, no doubt, be helping out as usual at the IHE PCD showcase as docents. Additionally, the HIMSS Awards banquet is on Thursday evening and ACCE board members will be in attendance.

Jon Blasingame  
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# The VHA Collaborates to Address Alarm Safety

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ance for customers to understand how to optimize alarm settings, and integrating workflow, processes, protocols and staff throughout implementation, will be necessary moving forward. Clear communication to the healthcare community regarding the ongoing effort to overcome challenges associated with medical device alarms is also essential.

To address the problem across the Veterans Health Administration (VHA), a systematic, funded and multi-disciplinary approach will be employed. Short term goals within the organization include the following:

## Building awareness

- Provide access for all VHA facilities to selected publications from the AAMI Clinical Alarm Website as a means of

improving awareness of the extent of the problem

- Provide notice to VHA sites of upcoming Joint Commission changes regarding Clinical Alarms

## Developing solutions

- Establish facility level task forces with representatives from each Monitoring Unit (e.g. ED, ICU, step down, OR, PACU, etc.) to create a shared vision for identifying and correcting the root causes of false clinical alarms and the consequences for the patients
- Pilot technical and administrative solutions such as the noise reduction collaboration at Boston VHA Healthcare System, lead by Rebecca Shultz RN and CE Elena Simoncini; see [www.aami.org/alarms/Materials/PDFs/Simoncini\\_Tues\\_100pm.pdf](http://www.aami.org/alarms/Materials/PDFs/Simoncini_Tues_100pm.pdf)

- Systematically spread strong practices and process improvements across the organization

Building consensus among key stakeholders on action plans that will reduce negative alarm-related incidents, with a focus on the safety and effectiveness of medical device/systems alarms, shall also be considered. Alarm workflow optimization, staff training and compliance oversight, best practices for alarm reduction and management, alarm design and human factors considerations, alarm related standards and challenges for adoption, and overall hurdles for systems management, will also be evaluated as long term objectives moving forward.

Megan Friel, Assistant Director, VHA Healthcare Technology Management Office  
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## Healthcare Technology Foundation News

Hopefully many of you are aware of the clinical alarms survey that was held during the month of August. The HTF quickly assembled a working group following the 2011 AAMI meeting to review the survey that was completed 2005. Questions were added related to feedback on specific technology implementation. There were many sponsors who helped spread the word on the survey and encourage participation. They included, ACCE, AAMI, Philips, support of national nursing and respiratory care associations, FDA, ECRI Institute, Veterans Administration, and META. We received 4,278 responses. What a great level of participation! We would like to thank each of you who responded to the survey and encouraged others to complete it. This more than tripled the results we received in the 2005 survey.

The HTF survey project team included ACCE members Jennifer Jackson, Paul Sherman, Tom Bauld, Jim Keller, Nancy Pressley, William Hyman, Yadin David, Jennifer Ott, and Tobey Clark. Once the

survey was concluded the project team quickly completed a preliminary evaluation of the results in preparation for the Medical Device Alarms Summit held in early November. They were presented at the summit in a poster format and a summary publication was circulated. Tobey Clark was available to answer questions. Much dialogue was generated on the results and future development. You can review the summary publication on our website: [www.thehtf.org](http://www.thehtf.org).

The project team is still engaged to review the potential of further analysis focusing on key sectors such as – nursing, respiratory care, clinical engineering/BMET, and patient safety. If anyone has any suggestions or would like to participate in analysis and publication, please let us know.

The HTF board welcomes a new Advisory Board member - Marjorie Funk, PhD, RN. Dr. Funk was recommended by the American Association of Critical Care Nursing. She is a professor of nursing at Yale University and was a speaker at the Medical



Device Alarms Summit. Her current clinical trial research for the National Heart, Lung and Blood Institute focuses on *Implementation of Practice Standards for ECG Monitoring*.

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.thehtf.org/>

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# International Committee Report

I would like to take this opportunity to thank you for the congratulatory messages sent by ACCE members for my designation as Chair of the International Committee (ACCE-IC). I will put all of my efforts and experience towards advancing the mission, vision, and goals of the International Committee. For this endeavor we have an excellent group of volunteers with widespread international experience. The group has increased by two members with those who stepped forward after the invitation made in the last ACCE News. The new members are Bill Betts and Calil Saide. Welcome to the team.

ACCE-IC has set the strategy and is preparing the outline of the work plan to better respond to the increasing demand for collaboration from the Clinical Engineering and Technology Management in-

ternational community. Our effort is oriented towards increasing the work with organizations and professional societies that ACCE has been working with in the international arena. We will be focused on establishing new strategic alliances and mobilizing resources to support the activities and outreach international members.

While dealing with the day-to-day activities of the ACCE-IC, we are working on drafting procedures for requesting the different services and products provided by ACCE. We will do our best to facilitate the communication and exchange with the international community to better serve them as well as learn from the experiences of our international partners. We expect a two-way road of interaction.

One of the first activities as Chair was to represent ACCE on the "IV Colombian Congress of Bioengineering and Biomedical Engineering" organized by the Colombian Association of Bioengineering and Medical Electronics (ABIOIN) in Barranquilla, Colombia on September 21-24, 2011. As indicated below, this was a very successful conference.

International Committee information will be provided periodically on the IC-Report in ACCE News and on the ACCE website. We request your feedback and suggestions to improve our work.

Antonio Hernandez, ACCE-IC Chair  
[hernandezantonio@comcast.net](mailto:hernandezantonio@comcast.net)

## Dr. Isnardo Torres, President of ABIOIN, expressed his gratitude for the ACCE participation in the IV Colombian Congress of Bioengineering and Biomedical Engineering in a letter to Mario Castañeda

*"Let me inform you that the IV Colombian Congress of Bioengineering and Biomedical Engineering was executed in a successful way by the Association of Bioengineering and Medical Electronics (ABIOIN) on September 21st to 24th, with an assistance of almost two hundred and fifty persons among participants, speakers and the logistic group, all coming from different Colombian cities and also from countries such as Venezuela, Brazil, Chile, Ecuador, Panama, Mexico, USA, and others."*

*"Dr. Antonio Hernandez's discourse related to the purpose of the event and the current reality of the world gave a very productive synthesis that framed the main intentions of the conferences with relation to the slogan of the congress when he gave the next recommendation to all the future biomedical engineers: "stay focused on the information centers and biosensors" as a reference to the hospitals."*

*"I would like to conclude this letter by thanking you and the institution which you belong, for being so supportive with this event. Thanks to the aid that was given by organizations like yours we were able to achieve the event of investigative development and professional rapport that we were looking for."*

*I take this opportunity to officially acknowledge Dr. Antonio Hernández for his representation and especial collaboration with the event, remarking the help that we received from the American College of Clinical Engineering.*

*We would love to maintain a relationship with your institution for future occasions in search for research growth and progress."*

*-Isnardo Torres R., Presidente Nacional, ABIOIN*



# 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 2012 ACCE Award Banquet is on Tuesday, February 21, 2012 at the HIMSS/ACCE meeting in Las Vegas. 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](mailto:advocacychair@accenet.org).

Thank you,  
Jim Welch, Vice President

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## Lifetime Achievement Award

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 (CE) profession

2011 Malcolm Ridgeway, Yadin David  
2010 Antonio Hernandez  
2009 William Hyman  
2008 David Harrington, Ted Cohen  
2006 Marv Shepherd  
2005 George Johnston

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## Marv Shepherd Patient Safety

The award will be given to an individual who has excelled in the "safety" area related to the CE 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 Healthcare Technology Foundation.

2011 Frank Painter  
2010 Les Atles  
2009 David Paperman  
2008 Jim Wear, Matt Baretich  
2007 Malcolm Ridgeway  
2006 Leonard Klebanov, Larry Fennigkoh  
2005 Bryanne Patail  
2004 Jeffery Cooper  
2003 Mark Bruley  
2002 Leslie Geddes  
2001 Jeffery Cooper  
2000 Steve Juett  
1999 Dave Francouer

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## Challenge

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 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.

2011 Robert Dondelinger  
2010 George Martin  
2009 Michael Fraai  
2008 Denise Korniewicz  
2006 Naida Grunden, Mike Doron  
2005 Carolyn Mahoney, John Reis  
2003 Luis Cornejo, Sophia Zikherman  
2002 Leonard Klebanov, John Czap  
2000 Steve Juett  
1999 Steve Wexler, Bob Stieffel

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## Tom O'Dea Advocacy

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.

2011 Jack Spears  
2010 Pat Lynch  
2009 Guruprasad Madhavan  
2008 Nancy Pressly  
2007 Julie Kirst  
2006 Elliott Sloane, Ray Zambuto  
2005 Joseph Dyro  
2003 Steve Grimes, John Hughes  
2002 Tom O'Dea  
2000 Manny Furst

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## Professional Achievement in Technology/Professional Development

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.

2011 Rick Hampton  
2010 Gary Evans  
2009 Julian Goldman, MD  
2008 Frank Painter  
2007 Todd Cooper  
2006 Matt Baretich  
2005 Stephen Grimes  
2003 Malcolm Ridgeway  
2002 Joseph Bronzino  
2001 Eric Rosow, Joseph Adam  
1999 Ira Soller

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## Professional Achievement in Management/Managerial Excellence

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.

2011	Hank Stankiewicz
2010	Caroline Campbell
2009	Mark Bateman
2008	Tobey Clark, Ismael Cordero
2007	Richard Congdon
2005	Manny Furst
2003	Kenneth Maddock
2001	Binseng Wang, Al Levenson
1999	Binseng Wang, Dave Dickey, Larry Hertzler

## Student Paper Competition

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.

2011	Pratyusha Mattegunta
2010	Sharareh Taghipour
2009	Danielle McGearry
2008	Raquel Lopez
2006	Mary Fazio
2005	Brandi Spencer
2003	Kristi Hinner

## Antonio Hernandez International Clinical Engineering (individual)

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.

2011	Niranjan Khambete (India)
2010	Saide Calil (Brazil)
2009	Andrei Issakov (WHO)
2008	Adrianna Velazquez (Mexico)

## ACCE/ORBIS International ACEW (organizational)

Criteria: This Award created in 2010 by ORBIS [www.orbis.org](http://www.orbis.org) and ACCE, is given to the organization demonstrating significant improvements in national health technology management (HTM) structure/outcomes since ACCE and partners conducted Advanced Clinical Engineering Workshops (ACEW) in their countries.

2011	CENETEC (Mexico), Maria Luisa González Rétiz
2010	CENGETS (Peru) - Luis Vilcahuaman, Rosana Rivas

## A Successful 2010-2011 ACCE Teleconference Series

The ACCE Education Committee would like to thank our speakers from last year's Teleconference series. They made it possible to have a very successful Teleconference Series and set the bar high for 2011-2012 Teleconference Series. We had a lot of distinguished speakers from all over the country, representing manufacturers and hospital staff. We had doctors, clinical engineers, IT representatives, managers, directors, administrators, etc. We would like to thank all of them for taking time out of their busy schedule to share with us their knowledge and help us advance the Clinical Engineering profession.

We would like to give special thanks to our pro bono speakers. These speakers not only took time out of their busy schedule to support ACCE through the Teleconference Series, but they decided to do this for free in order to help ACCE

save money and use it to support other ACCE activities. Some of them did even presented twice! These speakers are:

**Elliot B. Sloane, PhD, CCE, FHIMSS**  
Medical Devices and US Healthcare Reform (09/02/2010)

**Nicholas Noyes**  
Failure Modes & Effects Analysis as a quality improvement process (09/16/2010)

**Don A. Lewis**  
PACS Administration (10/21/2010)

**Izabella A. Gieras, MS, MBA, CCE**  
Clinical Engineers can make Healthcare Safer (12/16/2010)

**Stephen L. Grimes, FACCE, FHIMSS, FAIMBE** (2 sessions)  
New Job Opportunities in IT for Clinical Engineers (01/06/2011)

Overview of ANSI/AAMI/IEC80001-1 / Application of Risk management for IT

Networks/Incorporating Medical Devices (02/03/2011)

**Henry Stankiewicz, Jr., MS**  
Tele Health – Biomedical Engineering's Role (04/14/2011)

**Steve Merritt**  
IHE Patient Care Devices Domain, the time for Interoperability is NOW! (06/02/2011)

From all of us in the Education Committee - THANK YOU!

Ilir Kullolli, ACCE Education Committee  
Chairman

[Ilir.kullolli@gmail.com](mailto:Ilir.kullolli@gmail.com)



AMERICAN COLLEGE OF CLINICAL ENGINEERING

## 2011-2012 ACCE Teleconference Series

The new Teleconference Series opened its doors on October 20, 2011. In the first session, we had distinguished members from Kaiser Permanente IT presenting on Wireless Networks; what do Clinical Engineering departments need to know in order to troubleshoot these networks and collaborate better with IT in order to advance patient care. This session will be followed by 3 more sessions in 2011 and 8 sessions in 2012 (12 total) that will dig deeper into some of the topics that Clinical Engineering departments deal with in today's world. We have a great line-up of speakers this year, and hope to continue building on the previous years' successes.

For more information on the 2011-2012 Teleconference Series please visit the ACCE Website - <http://www.accenet.org/default.asp?page=news&section=teleconference#edseries>

## CCE Study Guide and CE Body of Knowledge Survey

One of the new initiatives of the Education Committee for 2011 – 2012 is to update the CCE Study Guide and the Clinical Engineering Body of Knowledge Material. A sub-committee has formed with ACCE volunteers who have started working on the updates and hope to complete the Study Guide by February 2012. We would like to thank all these individuals for their input and for their time dedicated to helping the Clinical Engineering profession.

Ilir Kullolli, ACCE Education Committee Chairman  
[Ilir.kullolli@gmail.com](mailto:Ilir.kullolli@gmail.com)

## New Board Members

We would like to welcome Ilir Kullolli, Kaiser Permanente service area manager (formerly a Clinical Engineer with Partners Healthcare, Boston, MA) as a new ACCE board member-at-large and Colleen Ward, long time ACCE board member-at-large, as our new ACCE board treasurer. We thank both of them for taking on their new responsibilities. We are sad to lose the services of Julio Huerta, who long served as our treasurer.

Jon Blasingame, ACCE Secretary  
[jon.blasingame@philips.com](mailto:jon.blasingame@philips.com)

## ACCE Calendar

### Teleconferences

#### December 15, 2011

Technology Management in Telemedicine

#### January 19, 2012

Radiation Protection/CT Dose Management

#### February 16, 2012

Disaster Planning for Healthcare Technology

### Events

#### February 20-24, 2012

HIMMS Conference in Las Vegas

#### June 2-4, 2012

AAMI Conference & Expo in Charlotte, NC

## The ACCE Board and Committee Chairs

President .....	Mario Castaneda
President Elect.....	Jim Keller
Vice President.....	Jim Welch
Secretary .....	Jon Blasingame
Treasurer .....	Colleen Ward
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Member-at-Large.....	L. Michael Fraii
Member-at-Large.....	Arif Subhan
Member-at-Large.....	Ilir Kullolli
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Education Committee Chair .....	Ilir Kullolli
Membership Committee Chair .....	James Wear
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International Committee Chair .....	Antonio Hernandez
Nominations Committee Chair .....	Jennifer Jackson
Professional Practices Committee Chair .....	Paul Sherman
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