

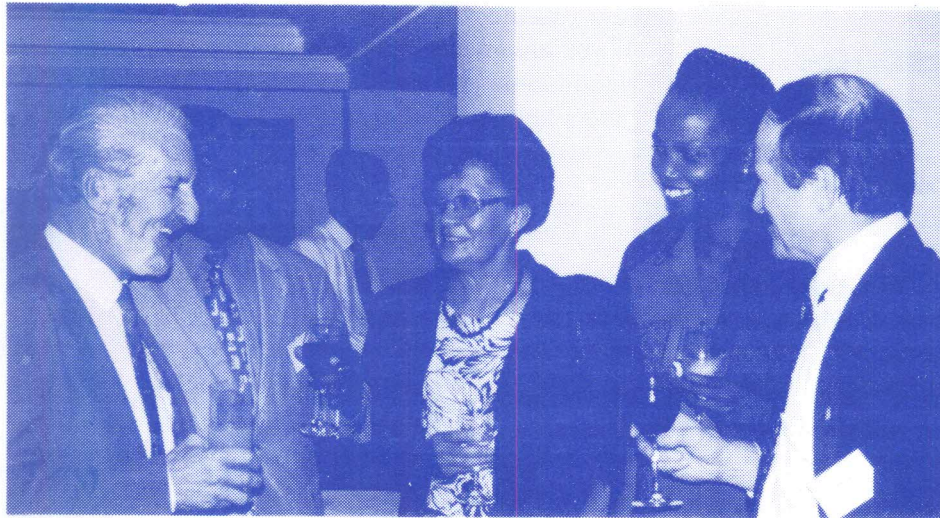
# ACCE News

Vol. 9, Nos. 5-6 – September-November 1999

## Special Double Issue

*The September-October No. 5 and the November-December No. 6 Issues of the ACCE News have been combined in this special double issue.*

**INSIDE THIS ISSUE** ⇨ ACEW Cape Town, p. 22  
⇨ ACEW Russia p.12 ⇨ Meetings p.4 ⇨ On the Move  
and In the News p.8 ⇨ FCC Telemetry Public Notice p.18  
⇨ Penalty Box p.11 ⇨ Election Results p. 9.



Cape Town, South Africa hosts Advanced Health Technology Management Workshop

**Cape Town  
South Africa  
Site of  
ACCE  
Workshop**

## ACCE News

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*American College of Clinical Engineering*

# ACCE News

## ACCE Mission

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

## ACCE on the Web

[http:// accenet.org](http://accenet.org)

## President's Message

Jennifer C. Ott, MSBME, [jennifer.ott@tenetstl.com](mailto:jennifer.ott@tenetstl.com)

ACCE is again on the verge of greatness. Our organization has grown by leaps and bounds over the past few years. We have a strong and dedicated membership willing to keep clinical engineering in the forefront. The Board of Directors works diligently in hopes of achieving what the membership desires and continues to make ACCE a viable organization. WE NEED YOUR FEEDBACK! Thanks to all of you who attended the Annual Meeting this past June. Your support is greatly appreciated. There are many projects and activities we will be working on this year:

### Clinical Engineering Certification

This could be one of the most important items ACCE has ever spearheaded. This was a hot topic at AAMI and Frank Painter has been making progress. ACCE has a committee in place and the ideas are still preliminary but opportunities exist which are being explored. Frank will keep us apprised of his progress.

### HealthTech 2000

Binseng Wang has graciously accepted the post of coordinating the ACCE track at HealthTech 2000. He is looking for members to chair sessions and participate. The 1999 program was a rousing success and generated income for ACCE as well as a discount to ACCE members who attended.

Please contact Binseng with your ideas, support, and topic you would like to chair!

### World Congress

The World Congress on Medical Physics and Biomedical Engineering will take place July 23 – 28, 2000 in Chicago. ACCE is a proud sponsor of this prestigious international event. We will be coordinating a workshop on the Acquisition of Medical Equipment and putting together the clinical engineering track. This event really solidifies our presence in the international community and relationship with other societies. Please contact Frank Painter or Sam Miller if you are interested in participating or attending. [[frpainter@earthlink.net](mailto:frpainter@earthlink.net) or [samiller@localnet.com](mailto:samiller@localnet.com)]

### Advanced Clinical Engineering Workshops

ACCE has put on many Advanced Clinical Engineering Workshops. These are generally in the international community and require members to participate in terms of education. ACCE may receive monetary compensation but our coffers do not contribute because these are generally sponsored by PAHO, WHO, and other international organizations. What a great opportunity for interested members to travel the globe and educate fellow clinical engineers with minimal expense! If you are interested in participating and have subjects you are comfortable presenting please contact Bob Morris. [[morris@ohsu.edu](mailto:morris@ohsu.edu)]



Jennifer Ott

# ACCE News

## ACCE Symposium

Brian Porras pulled-off the 2<sup>nd</sup> ACCE Clinical Engineering Symposium without a hitch. This was our first endeavor with AAMI and assisting them in program development. This relationship continues to evolve and the 3<sup>rd</sup> ACCE Clinical Engineering Symposium is in the works. Similar to HealthTech this program looks to benefit the organization and membership with income and discounts. Brian will keep us informed of the progress with AAMI and the development of the topic: "Frequency Allocation Issues in Medical Telemetry – Avoiding a Repeat of Baylor".

## Teleconference Series

The 1999 Teleconference series is in full swing. This is a wonderful educational opportunity that is cost effective and benefits more than just clinical engineers. Many sites have invited other clinical and administrative staff to attend various topics. We all know healthcare is a team effort and our topics for 1999 emphasize this sentiment. There are four remaining: Electromagnetic Interference, Telemedicine, Critical Skills for the Successful Practice of Clinical Engineering and Technology Management, and JCAHO Update. Contact Jim Wear for information. [wearjam@lrn.va.gov]

## Newsletter

Our newsletter continues to be timely, innovative, intriguing, and inspirational. If any of you have copy please forward it to Joe Dyro, our esteemed editor. Joe has done a great job in making our newsletter what it is today but he cannot succeed without our help.

## Organizational Assistance

I will be working on obtaining assistance for ACCE in terms of general bookkeeping, membership tracking, communication, and other general activities that would benefit from a single source point of contact. Our organization has grown to the point that services may begin to suffer if we do not consider this issue. A proposal is being developed to be sent to potential sources of these skills.

## Website Assistance

Our current website editor is undergoing some editing of his own and is unable to continue with the task at this time. This is an excellent way for you, the membership, to check on what is going on with ACCE and keep in touch with fellow members. If any of you have skills in website design and would like to help keep this tool viable please contact me. [Jennifer.Ott@tenetstl.com].

Many of you expressed an interest in participating in ACCE activities on the information update form sent with the 1999 ballots. I hope all of you were serious because we will be contacting you. I have mentioned many areas above that require assistance. Please let the appropriate people know. I

started off this letter by stating ACCE is on the verge of greatness and we are. The items listed above only gloss the surface of the major projects ACCE is undertaking this year. The Board of Directors tries to do what is best for the organization and with the busy schedules we all keep it is up to all members to help contribute to the success of the organization. We can only be as successful as the constituents we represent and we have a wonderful membership. Please get involved!

## ACCE News

**ACCE News** is the official newsletter of the American College of Clinical Engineering (ACCE).

**ACCE News** is a benefit of ACCE membership; nonmembers may subscribe for \$50. To subscribe call (516) 751-7244.

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# ACCE News

## Letters

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### Morris Hits the Mark

Editor--In the July 1999 issue of the ACCE News, President Morris makes some interesting points about BMETs having an "identity problem." He then states, "Any activity or group that denigrates or does not recognize the key roles of BMETs, denigrates and fragments the professional identity of all. AAMI has also recognized the peril in denying one's working identity."

I agree. But, it is unfortunate that the ACCE through its Individual Member requirements does not recognize this peril and contributes to the fragmentation of the profession. Even a BMET who directs a department but does not meet the certification or BS requirements is relegated to Associate Member status unless some outstanding contribution to the field can be documented. As a member of the Membership Committee I know this to be true and

further strongly believe that we have granted Individual Member status to consultants (for political reasons) who are about as remote from the real world clinical setting as the Man in the Moon. In many cases it is precisely because BMETs do not have an identity problem that keeps them from applying for ACCE membership which would relegate them to Associate Member when they know how they measure up to their peers.

I strongly urge the ACCE Board to review our membership categories and heed the words of Robert Morris.

Dave S. Bell, DaveSBell@aol.com  
Thomas Jefferson University Hospital  
Philadelphia, PA 19104

**The Editor encourages readers to express their views by way of letters that might be printed here for the benefit of the readership. He also likes to get mail.**

# Meetings

## RECENT CLINICAL ENGINEERING ACTIVITIES IN BRAZIL

*Binseng Wang, binseng@voicenet.com*

In parallel to the Hospitalar'99 equipment show in Sao Paulo, clinical engineers in Brazil conducted several activities during the period of June 22 to 26, 1999. Over 45,000 professionals from 25 countries visited the show. Clinical engineers made two presentations to physicians, hospital administrators, engineers, architects, and nurses at the show. Paulo Camargo, CCE, discussed the contribution of clinical engineers to the design of hospitals, in addition to the management of technology, during the 4<sup>th</sup> Latin American Congress on Healthcare Services. Participants included professionals from Argentina, Chile, Uruguay, Mexico, and Venezuela, in addition to many

Brazilians. Binseng Wang, an ACCE member, discussed strategic planning and methods for determining the price for technology-based health services. About 50 persons attended each presentation.

On Thursday, June 24, the Brazilian Clinical Engineering Certification Committee (CBC) held its annual meeting with the presence of 12 persons, including 6 Committee members. A new certification campaign will be started next year, as there are many interested parties. Support is being obtained from hospitals, manufacturers, physicians, administrators, and nurses to provide more visibility and credibility to the certification process.

On Saturday, Binseng Wang lead a workshop on Technology Management and Cost Control for nursing professionals at the SENAC Health Education Center in Sao Paulo. About 20 nurses from various states

participated in this workshop. This workshop is part of a long-term effort by SENAC, under the bold leadership of Evanisa M. Arone, to help Brazilian nursing professionals learn better ways of managing technology and getting clinical engineers to interact with nurses.

In addition to the ACCE members mentioned above, the following members also participated in the activities: Eber R. dos Santos, Lúcio F. Brito, Jose C. Cunha, and Marcio R.M. Serra. The ACCE International Committee brochure was distributed to all interested parties and was well received. Clinical engineering is clearly growing steadily in Brazil in spite of current economic challenges. Currently there are 350-450 persons practicing clinical engineering, but only 9 have been certified. Most of them have been working in private and non-profit hospitals for some

time, although there are some in manufacturing and after-sales support, promoting excellent integration among manufacturers, suppliers, and hospitals.

## Refurbished Medical Equipment Exhibit Mexico, City October 19-21, 1999

George I. Johnston,  
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In October 1999 I participated in what, to my knowledge, was the first ever exhibit focusing on refurbished ("pre-owned" not used) medical equipment sponsored by U.S. federal agencies. The exhibit was the first in a series sponsored by the FDA and the U.S. Department of Commerce. I attended wearing two hats, one as vice-president of TLC/MEDHEALTH INTERNATIONAL, INC. which paid my expenses, and the other as spokesman for the American College of Clinical Engineering. I distributed ACCE Brochures and informed attendees of ACCE international activities. I promoted the *ACCE Guidelines for Medical Equipment Donations* in a seminar entitled *Do's and Don'ts of Refurbished Equipment: What You Need to Know to Get the Best Deal in Quality and Cost*. With her permission, I distributed copies of Mary Beth Hatem's article *From Regulation to Registration* recently published in *BI&T*. This did much to clarify and define a variety of terminology used in relation to "pre-owned" medical equipment as well as introduce the proposed voluntary standards system developed by the AAMI Task Force on Voluntary Controls. This is of particular value to prospective purchasers of refurbished

equipment in countries outside of the U.S. where maintenance is most often a problem. Allegedly refurbished medical equipment marketed in developing countries, which turns out to be defective or not as represented, may never be put into service for lack of in-country repair capability.

The meeting was a resounding success with 972 people attending the exhibits and 219 paying \$30 each to attend the seminars. Dr. David Edwards, president of TLC/MEDHEALTH, INTERNATIONAL and ACCE Member, Adriana Velásquez, biomedical engineering coordinator for the Mexican Hospitals Association together provided organizational guidance to Rachel Polo, Project Manager in the U.S. Trade Center, Mexico City and organizer of the exhibit. Seminars were organized to focus on the importance of after sales maintenance, availability of maintenance parts and operating supplies, appropriateness to the local environment and cost effectiveness in that environment. Adriana also provided Ms. Polo with mailing list of persons most likely to be interested in attending the exhibit and seminars. She also was one of the speakers at the exhibitor's opening morning breakfast with an excellent presentation *What the Mexican Hospital Association Needs from Refurbished Medical Equipment Vendors*. In her presentation, she stressed the need for equipment appropriateness and the availability of after sales maintenance service, parts and supplies.

Twelve exhibit booths offered a variety of refurbished medical equipment, each mostly concentrating on a single type product. Two vendors specialized in other services. TLC/MEDHEALTH INTERNATIONAL particularly stressed after sales service and its Medical Equipment

Refurbishment Centers (MERC) concept. It is actively seeking an in-country medical equipment maintenance service to partner with and support its after sales warranty and repair service for products sold in Mexico. Once that is established the MERC can be implemented. Used medical equipment would be imported, tested and refurbished to original factory specification at considerably lower cost than in the U.S. prior to being offered for sale. It was my role to investigate existing ISO's and evaluate their capabilities. I identified three (by virtue of their visiting our booth) and site visited each of them. One, SIRMEDENT, particularly impressed me for the following reasons:

1. Its staffing included several engineers and technicians with years of in-hospital maintenance and repair experience.
2. It used considerable ingenuity in overcoming difficulties in obtaining replacement parts and showed me several instances where they fabricated the required part from other locally available parts. An incubator heating element, for, instance, was hand-formed from a standard Chromalox strip heater.
3. It understood and subscribed to test equipment annual calibration, traceable to the Mexico National Bureau of Standards, and had calibration labels on all their test equipment.
4. Although it was lacking in ownership of many specialized test equipment items it had arrangements with vendors of such equipment for loan. This apparently came about through its providing maintenance of that same specialized test equipment for the vendor. A working unit would be provided for comparison

