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DEPARTMENTS

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Washington Scene
Certification Matters

Lippincott Williams & Wilkins
a Wolters Kluwer business
The ACCE Healthcare Technology Foundation—Creating a Model for the Clinical Engineering Profession

William Hyman Interviews Yadin David
Editor, Journal of Clinical Engineering, and Department of Biomedical Engineering, Texas A&M University, College Station (Mr. Hyman);
President, ACCE Healthcare Foundation, and Department of Biomedical Engineering, Texas Children’s Hospital, Houston (Mr. David).

Dr. David, why did you organize the ACCE Healthcare Technology Foundation (AHTF)?
We came up with the Foundation because, fundamentally, we all stand to learn from one another. While clinical engineering (CE) has been around for a long time, we are lagging in terms of institutional building. And, specifically, identifying benchmarking best practices. So, the idea was, let’s come up with a model of core values for a CE program and create the most comprehensive repository of the best benchmarks, the best ideas, and the best examples. Then let’s use them as teaching tools—and let’s elevate the next generation, but let’s also educate industry, regulators, and the public.
All I really had to do to achieve these goals was to reach out to the CE All-Stars and Future All-Stars in our line of practice and put them in a collaborative environment. I expected that I’d get some eyeballs rolling about having one more entity—but each one of them—with one exception—got the point of it immediately. The response has been overwhelming from the start, to no small part, I believe, because the CE profession has matured to the point that it needs a private nonprofit foundation to help build an evolving legacy for the unknown challenges that CEs will face in the future.
You were also instrumental in the organization of the American College of Clinical Engineering staff, and there are other organizations that include clinical engineering interests. Why was a new organization needed?
Truth be told, we could probably start another half dozen or so groups and we still couldn’t hold a candle to the number of professional societies, foundation, and chapters your typical clinician, architect, or salesperson is involved in. And we, as CEs, need to be as rigorous about our mission as we are about the nuts and bolts of our work.
Specifically as to your question, the Foundation’s mission is unique. The ACCE is our Congress; if you like, the Foundation is our Library of Congress. It’s the place you go to share ideas, fund projects, discuss different approaches, and share intelligence from the field. Think, it becomes the definitive record of our profession.
The AHTF does not have a membership, and it is driven by vision rather than membership interests. It is not dependent on nor does it garner dues money. As a small organization, the AHTF can be more responsive to special issues, for example, the extension of clinical engineering knowledge to the public and helping people at home as cops with safety and efficiency issues associated with healthcare technology outside the clinical environment. Finally, the AHTF has a tax exempt status and thus presents a unique opportunity for fund raising and charitable gifts.
Those distinctions do not mean that the AHTF intends to have a wholly different agenda from that of the ACCE. We expect our activities to be complementary to those of the ACCE, but with a different methodology and a more global perspective.
What is the relationship between the AHTF, ACCE, the Healthcare Technology Certification Commission, and the US Board of Examiners for Clinical Engineering Certification?
Although by name we are closely linked to ACCE, as an organization, we are independent. Having to generate our own funds, having our own budget, bylaws, and executive board. However, we have common overall goals, and the President of ACCE has a permanent seat on the board of the AHTF. In particular, most if not all of the AHTF board members are ACCE members, and we have ongoing discussions with ACCE to determine who should do what in specific areas. There is an exciting synergy, and the collaboration is mutually beneficial and growing.
The Healthcare Technology Certification Commission is also an independent organization, and the US Board reports to this Commission. The AHTF currently has made a financial commitment to support the clinical engineering certification program, so there is a funding link that advances the overall...
We are action and results oriented. This is not
rhinoplasty. We are and doing was more about these
important issues than just talking.
All projects have at least significant achievements
where there will be measurable and useful results. How-
ever, almost all projects have self-defined limitations to
mow scope and could therefore be extended or expanded.
In the appropriate intervals, we will review project ac-
complishments and make decisions on how to go from that
point. In addition, we will be thinking about new proj-
ects, prioritizing them, and seeking funding for them.
The clinical liaison project is addressing an issue that
has always been of great interest and concern to clinical
engineer, including the outcomes, outcomes for
NCVH National Patient Safety Goal: are problems with
obstics getting better or getting worse?
That is an interesting question. Ideally, we should be
able to improve problems through technology, but we don’t
think we are there yet. In fact, this challenge is the
motivation for the NHM’s alarm management project.
The volume and type of alarms is certainly increasing,
challenging the clinical staff to understand them and be
responsive. And the problem is not just multiple devices
being used simultaneously. A contributor to BIOSHTEAL
recently determined that their bedside monitor had 40
different alarms states: one solution being considered is the
centralization of alarms with a human monitor, then advising
clinical staff. To be practical, this concept requires alarm
management software. Thus, the solution to the current
alarms screen is probably involved with the integration of
additional technology and additional complexity. These
both raise issues of development and design strategy, cost,
and reliability. One missing element is the need for
cooperation among the different device manufacturers so
that alarm sounds and communication protocols are
standardized and can be systematically evaluated.
I understand that the alarm project has a strong
network of contributors, including both NHM Board
members and others. Please let these
As outlined above, Toby Clark leads this effort, with the
active participation of NHM board members Wayne Morse,
Jennifer Ortiz, Frank Palmer, Marv Shepherd, Matthew
Barson, Bethane Pace, Ode Keal, Elizabeth Garn, Tom
Blouin, and not. Also helping are Steve Genova, Theodore
Cohen, Thomas Bahl, Paul Frisch, and Mark Goldsmith, and
of course you, William Hyperz.
Turning to clinical engineering verification, will the
verification process always require funding for an
outside source or can we handle self-sustaining? Or are we
in the immediate future, will this be ongoing commitment
of the NHM?
In order to make sense, a certification program must be
self-sustaining. It is interesting that the current expenses of
the program are only for direct expenses and the costs of the
professional testing company. Not only are the J-
Board members volunteer but they are covering their own travel expenses. Growth of the certification program is the key to its future finances since the income increases linearly with the number of CEs but the expense curve is much flatter. The MHIF's commitment is to the startup period, subject to periodic review.

What is the MHIF's web address, and what is found there?

http://www.mhif.org

The Web site has information about the current Foundation initiatives, opportunities to contribute, and information for volunteers to join our effort. I encourage readers to visit the site and become supporters of the Foundation. We want and need their help and support.

Any final thoughts?

I will let you in on a secret. I recently got my full membership card for the AAMP. I flash my card. I get discounts. I can go to the website and learn more about how great it is to be older. I have a term of lobbyists working in DC on my behalf. We should celebrate our profession with the same kind of passion. What better way to communicate of than to build something that charts where we are and where we are going. Let's get everybody on board, try out some directions, and move confidently in pursuit of those goals.

If you're reading this interview, you know we are an important part of the healthcare delivery value chain. Why should our value be added by any different than the person in the R&D lab contemplating a new device or our bedside colleagues handling the stethoscope? Let's promote professional excellence, develop technology-related guidance of care, discuss ethical issues, and lead in bringing device safety concepts to the general public. The Foundation can be our conduit to building a better future for CE.

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