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The Alberta Clinical Engineering Society Newsletter

December 23rd, 2002

Presidents Letter

*by Kay Henke, R.E.T.,
President*

Greetings everyone! I hope you have had a productive fall and are getting ready for Christmas. It's hard to believe the Holiday Season is just around the corner; it seems like just yesterday ACES was wrapping up the very successful Conference held in September at the Sherwood Park Best Western. If you were in attendance, I'm sure you will agree with me that a good time was had by all. The tremendous response and effort from the Vendors is especially appreciated, and ACES extends many thanks to all that participated.

CMBES has also just wrapped up their Conference for 2002 in Ottawa that was held on November 21-23 at the Delta Ottawa Hotel. Although I was not able to attend, I have heard that it was a good conference as well. A couple of topics that were covered at the conference, that I thought were interesting were the "Panel Discussion Session: Future of Clinical Engineering" and the "Peer Review Mechanism for Clinical Engineering Services".

I thought it interesting from the summary of outcomes from the "Future of Clinical Engineering" discussion, that the strengths and weaknesses listed from the discussion were very close to the conclusions that the ACES

Executive reached when we had this very discussion a few weeks ago. It seems no matter where you work in Canada in Clinical Engineering, you run into the same issues! I will list the top five strengths and the top five weaknesses, from the summary of outcomes of the CMBES discussion, below:

Top Five Strengths of the Clinical Engineering Profession:

- Structured problem-solving skills.
- We are universal technical translators.
- There is ability to change and grow in this profession.
- We present honesty and integrity, we have no axe to grind.
- There is a growing reliance on technology in healthcare.

Top Five Weaknesses of the Clinical Engineering Profession:

- We lack goals/identity and strong national representation.
- We receive little recognition and do not blow our own horn.
- We have a lack of political voice.
- There is lack of participation in national professional issues.
- There needs to be more communication.

Do any of these sound familiar to you? They sure do to me!

Also at the CMBES Conference, there was discussion regarding "Peer Review Mechanism for Clinical Engineering Services in Canada". A Peer Review

Committee is to be appointed by the CMBES Professional Affairs Chair, consisting of 5 CMBES members (2 Certified Clinical Engineers, 2 Certified Biomedical Engineering Technologists, and a Chair). This committee's role shall be to "administer the process of the peer review in an equitable and effective manner", using the standards outlined in the CMBES document "Standards of Practice for Clinical Engineering Services in Canada". This would enable any Clinical Engineering group anywhere in Canada to have its performance assessed and thus identify how this performance could be enhanced or improved. Nifty idea, I think. There is more info on the CMBES Listserve.

Please plan to attend the Annual General Meeting of ACES in February, in Red Deer. The details should appear later in this publication. Have a Merry Christmas and a very Blessed New Year, from my family to yours.

ACES AGM
February 22, 2003

Date: Saturday, February 22, 2003
Time: 11:30 till 16:00
Place: Capri Hotel in Red Deer
Sponsor/Presentation: Baxter

ACES would like to thank our newsletter sponsor...



Western Regional Conference Summary

by Denny Mellott

From September 19 to 21 the Alberta Clinical Engineering Society hosted the 4th Western Canada Biomedical Engineering Conference in Sherwood Park, Alberta. With over 40 delegates, multiple presenters and overwhelming vendor support; the work of the organizational committee headed up by Joe Reynolds was a grand success. Highlights of the conference included: an eye opening keynote presentation by Dr. Harrison from the Department of Chemistry at the University of Alberta on "Emerging Micro/Nano-technology Based Tools for Clinical Diagnostics", a successful trade show, informative presentations on everything from Anaesthetic Gases to Lightbulbs and Lamps to Wireless Technologies, and a fine banquet with the magical mischief of Garth and Matt. Thanks to all who participated!

ACES regrets that our compatriots at the Institute of Biomedical Engineering Technology were unable to participate in this years conference, but look forward to successful joint conferences with the IBET group in the future.

2002 ACES Board

President: Kay Henke RET

Occupation: Biomedical Technologist
Education: Diploma, Electronics Engineering Technology from Northern Alberta Institute of Technology
Residence: Lethbridge, Alberta

Vice President: Robin Fair

Occupation: Consultant, independent biomedical repair
Education: BASc (Bachelor of Applied Science), P. Eng., Certificate in Agriculture
Residence: Carstairs, Alberta

Treasurer: Craig Schultz

Occupation: Biomedical Technologist III
Education: Diploma in Industrial Electronics Technology from Southern Alberta Institute of Technology
Residence: Calgary, Alberta

Secretary: Bill Rutledge, PEng

Occupation: Clinical Engineer
Education: BSc Engineering Physics (Royal Military College) MSc Electrical Engineering (University of Alberta)
Residence: Edmonton, Alberta

Education Coordinator: Martin Mass

Occupation: Biomedical Technologist
Education: B.Sc. Electrical Engineering from University of Alberta
Residence: Calgary, Alberta

Conference Director: Joe Reynolds CET

Occupation: Biomedical Engineering Technologist
Education: Diploma in Electronics Engineering Technology - Biomedical, from Northern Alberta Institute of Technology
Residence: Sherwood Park, Alberta

Social Coordinator: Kelly Kobe, CBET, CET

Occupation: Biomedical Technologist III (Supervisor) for two hospital sites
Education: Diploma in Industrial Electronics Technology from Southern Alberta Institute of Technology
Residence: Calgary, Alberta

Membership Chairman: Alex Sackiw, B.Sc., BMET, CET

Occupation: Biomedical Technologist to CardioThoracic ICU
Education: B.Sc., University of Alberta
Diploma-Biomedical Electronics, British Columbia Institute of Technology
Residence: Nampa, Alberta.

Past President / Newsletter Editor: Denny Mellott, C.E.T., BMET

Occupation: Biomedical Technologist based in Surgical Suite

Education: Diploma in Biomedical Engineering Technology from the Northern Alberta Institute of Technology
Residence: Calgary, Alberta

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Calgary Health Region Update

by Kelly Kobe, CBET, CET

Hope everyone had a great Christmas and a happy New Year!

The Calgary Region has seen some staff changes over the last few months with some staff moving between sites and even one person leaving to work in Saudi Arabia. As you are well aware of the changes coming with respects to the consolidations of Alberta's Health Regions, in Calgary, Clinical Engineering is now providing service to the Headwaters Region. We recently hired a new staff member to cover the Headwaters Region, welcome aboard to Bruce Deeks. We have also hired a new technologist to start in January to fill a vacant position. Both of these positions are based at the Rockyview Hospital.

There has also been some changes to the Tech III coverage in Calgary, Craig

Schultz is now responsible for the CE discipline at the FMC and the DI discipline for the Region. Where I'm now responsible for the CE discipline at the PLC, RGH and ACH sites.

At the end of November, phase two was completed on the renovations to the Special Care Nursery at the Rockyview Hospital. Phase three is expected to be completed by mid January, this will complete the renovation project which will see the unit go from 16 beds to 26 beds. Planning is continuing on the new Alberta Children's Hospital, which will be located near the University of Calgary. There is also a new Renal unit being added to an existing unit at the Peter Lougheed Center, it is expected to be completed in the New Year.

We recently had some Baxter Infusion Pump training held in Calgary and we should be seeing some ERBE ESU training as well sometime this spring.

As mentioned in the last newsletter, the regional evaluations on PCA, Epidural and Home Care Pumps have temporarily been put on hold. Starting in the New Year, the region will begin to evaluate Fluid and Blanket Warmers.

Capital Health Authority Update

No update available at time of publication!

Chinook Health Region Update

by Kay Henke, R.E.T.

Greetings from the Chinook Health Region! We have had a busy fall, with the ACES Conference and a couple of training courses offered in Calgary. The September ACES Conference was a blast, please plan to attend the next one! The food was great, the hotel very nice and timely and informative

topics were well presented. Who could ask for more?

Darrel Nilsson and myself were pleased to attend the training courses on pumps offered by Baxter and held in Calgary. We were able to team up with the Calgary Health Region (the other "CHR") and learn from the king of pumps himself Mr. Terence Noronha. We are now well versed on the Models AS 50, 6201/6301 and the Colleague. I also had the pleasure of travelling back to Calgary in November to partake in the Draeger Babylog Ventilator course, taught by Aaron Nurse of Brathwaites Olivier. Aaron is a gifted teacher and very knowledgeable about his product. Again, we learned a lot and had a great time in doing so!

Locally we are gearing up for a few internal Christmas get togethers as the 25th draws near, and plan to eat a lot and basically enjoy ourselves! Oh-yes—we will do some work, too (I have to say that 'cause my boss is reading this...)

Merry Christmas and Happy New Year from our Shop to yours!

David Thompson Regional Health Authority Update

No update available at time of publication!

Mistahia Regional Health Authority Update

by Orrin Stephen

Like many other things in this area the Queen Elizabeth II hospital in Grande Prairie is undergoing some needed expansion. For one thing, they will be building a larger Emergency area. This is due both to the number of patients that come through, and the age and design of the facility. It has been said that our Emergency

department gets as many patients as the Royal Alex in Edmonton. The acuity is much lower, because there is no after hours medical clinic, and frequently (as is now the case) all the Doctors in Grande Prairie will not take any new patients, thus many people are forced to use the Emergency department instead.

We have just expanded our endoscopy suite from one very over booked room to a second room, this included the purchase of all the accompanying equipment that goes with it. They are in the fund-raising process to move the Special Care Nursery. The plan is to move it to the 3rd floor with pediatrics from its current position on the second floor with maternity and L&D. Part of this project will mean the purchase of new equipment and upgrading the facilities.

The proposed merging of health regions from 17 to 9, will definitely affect us. It will probably mean that we will be merged with regions to the north of us, but what the new larger region will look like in the end, and how it will affect the way things work is anybody's guess.

Northern Lights Regional Health Services Update

by Graham Bruce, C.E.T.

Greetings from Northern Lights Regional Health Center in the northeast part of the province. Winter has arrived in Fort McMurray as it has in the rest of the province, we had a good snow fall last Tuesday night and the now the temperatures have dropped to the minus 20c range at night, although it is warming up in the daytime. Halloween passed with a not to cold night for the little trickier treaters, small turnouts were reported by most people this year. The arrival of winter has also brought some bad news to our facility, the much needed additional funding to cope with the "shadow population" has not materialized, so we are forced to fall back on our regular funding plans, which already takes into consideration

this event, so very little impact to our operation. FINALLY, the Lab/ Heath Records renovation has got underway, and in some areas rapid progress, in other not so. The morgue will be right across the hall from Biomed, moving from main floor to sub-basement, with the Housekeeping offices moving down the hall to the old print room. Part of the Pharmacy has been taken over to make some room for the morgue change room. Meanwhile in the vast space that use to be the lab, half of it has been gutted and the lab has been jammed into the other half. Large piece of equipment, fumehoods/ glass washers/dryers and fridges have been removed. The Laboratory staff deserve a round of applause for working under stressful condition but maintaining full services. The morgue is stalled because they cannot as yet find the plumbing to tie into, they have dug two large deep hole and it not where the drawing says it suppose to be, they continue to dig. In Diagnostic Imaging the new C.T. is going full tilt, the new Radiologist is going full tilt too. He is from South Africa and is fitting right in, he will be enjoying(?) his first real winter. Funding is underway for the renovation of an old room to new equipment, about \$500,000 needed for that project. We have sucessfully acheived and surpass our United Way goal this year, final total \$7220.00. The heaviest pail (of change) competition for a Pizza party, produced the usual stuffing with pennies trick, in an effort to win. The winner however actually won with just regular coinage, dimes, nickels, and loonies. So you see it doesn't pay to cheat. The big fundraiser for us is our FESTIVAL OF TREES event which is at the end of November, it always does well. Our EMERGENCY department lost a long time leader when she went to work at Keyano College as their Health and Safety nurse. She will be missed. This now makes 5 staff members who have gone to Keyano, the others as instructors in the Nursing Program. HMMMM, wonder if they could use a good Biomed over there, HMMMMMMMM. A new HEAD NURSE has been found on Surgery/peds. The Parent Child Resources Department has 3 new hires

and will be relocating all of their staff to new office on 5th floor in the new year. The search is on for an Audiologist to make visit to our area, as the last one has retired. When that individual come all of the equipment is ready as it passed its annual calibration inspection last month. We can now all tell the time again, as we have now got our new Master clock installed and working. For about the last 8 weeks (6 weeks deliver) we have been without our hospital clock wide system. People complained about the time all the time and then when it wasn't there they complained that it wasn't there and when would it be back, then when it was back they didn't even notice. Go figure!!!!!!!!!!!!!! The old master clock from Dukane just packed it in after 20 years plus. The Biomedical Department has administered it first infusion pump funeral. The first of the Flogard 6200 series volumetric infusion pumps (27 in all) has been stricken by the dreaded "obsolete" illness. The power transformer failed and their are no replacement parts available hence no repair. The series and it companion series 6300 unit were officially discontinued/obsoleted in 2000. Some of these units have been running since 1988 with very little problem. IT MAY BE THE BEGINNING OF THE END, or just a casualty here and there over time. The facility has 69 infusion pumps for a total of 81 infusion lines. The new Colleague 3 in use in I.C.U. they are really loved by staff. The annual "END OF LIFE" reports were sent out to the department leaders. Each year I send out a list of all of the equipment that has become obsolete or is scheduled to become obsolete, in their department, along with the current cost of replacing such items. Some things have been on the lists for a while, other are new, some are more urgent than others, some not so. It helps Administration and Capital Equipment committee as well individual departments' plan for the future. Keeps me up to date as well since it seems everyone is being bought or sold by someone else, it so confusing at times trying to figure out who own what and what they are selling and supporting and for how long. Any how it is time for coffee so I will stop here and wish you all well for the

Holiday Seasons and the upcoming New year. Bye for now.

Your colleague
Graham Bruce, BMET, CET.

NAIT Update

by Roy Sharplin

No update available at time of publication!

Attention Students:

Get your FREE Student Membership today!

CFB Edmonton Update

No update available at time of publication!

Special Thanks To Our Conference Presenters!

Dr. Harrison – U of A
Tim Schultz – ASET
Ron Quarrie – Dutex-Ohmeda
Don Cabatoff – Specialty Bulb
Andrea Mosker – Baxter
Jon Sala – Capital Health
Allister MacArthur – Carsen Group
Holly Stewart – Medtronic
Tim Muller – Carsen Group
Nick MacKinnon – BC Cancer Board
Alex Campbell – Phillips
Dr. Terry Ungar
Brandon Beaudry – Capital Health

Supercard May Link Licence and Health

Tom Olsen, Legislature Bureau Chief
The Calgary Herald

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Albertans could see their personal health records and driving history incorporated into a single wallet card, under a plan being developed by the provincial government.

The government services department is developing a driver's licence with heightened security features -- potentially a process to check facial features in the card's picture against the person holding the card, or some other identifier.

Officials with Alberta Health are reportedly leaning towards incorporating an individual's detailed health records into the same card, providing data that could be accessed by physicians, pharmacists and other health-care providers.

The electronic health record is viewed as a key component of health reform in the province, and is expected to be quickly acted upon.

Under the concept, all health-care providers would be linked to the same data base. Every time a person visited a hospital or clinic, a detailed account of his or her past history would be available.

Physicians could see when and where a person has gone for help, what kinds of drugs had been prescribed, how often a particular ailment flares. Results of X-rays and MRIs would also be available.

There would be levels of access, with so-called built-in firewalls. For example, the nurse at the medicentre may have access to only a certain level of health information, with the physician able to view a person's entire health history.

If plans move ahead to combine the health information card and the driver's licence, motor registry clerks would only have access to transportation data.

Cardholders would be asked to give full consent before any health information is entered into the card and made available to health practitioners.

Government Services Minister David Coumts acknowledged plans are nearing completion for a tamper-proof driver's licence.

He acknowledged there would be room for health data if Health Minister Gary Mar decided to move in that direction.

"We are looking at the concept of a secure card, strictly addressing licences now, with the capability to provide services for the health department if they decide they want it," said Coumts.

Within 30 days, the government will seek expressions of interest from companies interested in developing the card.

"I have to act on this quickly," said Coumts.

Both the Calgary and Edmonton health authorities are already expanding the use of electronic records to a limited degree within their own regions.

As well, both have entered into an agreement with five other health authorities from across Western Canada to kick up efforts to put together an electronic health record on a larger scale.

"It's a high priority, and it's going forward," said Buick. "The system is held back in terms of efficiency and the roles of health providers by the backwards state of information technology."

Costs would be reduced, in part, because doctors at different facilities would have quick access to tests already done on a patient, rather than running the procedures again.

Buick said there's now limited ability to share information between health-care facilities -- test results are either on paper at one site when they're often needed elsewhere, or in a database that isn't able to communicate with the system used by another facility.

"We redo tests all the time because it takes longer to move a paper result

from one place to another, than to redo the test," said Buick.

It's expected the province could make use of the Supernet to get the project off the ground; a high-speed network linking 422 hospitals, schools, libraries and other provincial buildings across Alberta.

The province has invested \$193 million in the project that's expected to be complete by 2004. It can accommodate high-speed Internet as well as other electronic services.

Roman Cooney, spokesman for the Calgary Health Region, said Supernet is a potentially good delivery system, but there will still be major costs involved with developing and setting up software to make the concept work.

Letter from the Editor

by Denny Mellott, C.E.T.

I hope you enjoy the ACES newsletter. In this issue I have tried to make the newsletter more Adobe friendly including using Bookmarks, I hope you enjoy. I am always looking for article ideas that would be of interest to our readers, if you have something that may be of interest please contact me.

Newsletter Advertising

Are you interested in advertising your company and services or do you have items you would like to sell? Then placing an advertisement with the ACES newsletter is an excellent way to reach the Alberta Clinical Engineering community. In addition, all newsletters are posted to the World Wide Web. Your ad will therefore also be available to the international clinical community.

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If you would like to advertise on the ACES newsletter or have any questions please contact:
Denny Mellott
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E-mail:
denny.mellott@calgaryhealthregion.ca

Member Feedback & Recognition

Recognition for Bill Rutledge – Page 7

ACES is an organization dedicated to our members and the field of Clinical and Biomedical Engineering. As a member of ACES you are entitled to provide your input into the activities of the committee. Please forward all ideas and comments directly to a member of the ACES Executive. For a list of your executive please see the beginning of this newsletter or visit the **ACES Web Page @** <http://www.aces.ab.ca>

Special Recognition

If someone you know has made an outstanding contribution to the field of Biomedical or Clinical Engineering please nominate that person by sending an email message outlining that contribution to denny.mellott@calgaryhealthregion.ca

Season's Greetings!



Did you know that ACES was recently featured in an article in the AAMI newsletter?

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To enjoy the benefits of ACES, and ensure that you continue to receive the ACES newsletter and meeting notices, Become a member ! Complete the following Information form, and return with payment in the amount \$10.00 (free for Students) to:

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Recognition for Bill Rutledge



Photo by Patricia Marston

Presented to
Bill Rutledge
from the staff of
Clinical Engineering
Capital Health Region

In appreciation of
Outstanding Leadership
&
Genuine Compassion
for the well-being of his staff

November 29, 2002