Editor's Corner

Yesterday I was visiting my friend who manages one of the largest rental medical equipment company in the US. He told me that a customer desperately called him from a small town in the state of Louisiana and begged for two mechanical ventilators for a local healthcare facility. The customer, a local medical equipment supplier, told my friend that he has been calling everywhere for days but so far came up without one. Then, when my friend told him that he could immediately ship him the ventilators, the last two that the clinical engineers at his lab just serviced, this customer started to cry from happiness knowing that a couple more patients will be cared for. The pride and mission-accomplished look on the face of the clinical engineering staff standing next to me, silently listening to the story, was clear. They knew that their important job impacts and help real people, real patients in critical need.

FIGURE. Engineering technician, Rocky, perform the final test on a ventilator before placing her signature on the tag that states – PATIENT READY.

Clinical engineering professionals from around the world, like many other professionals nowadays, are struggling with their feelings of being overwhelmed, navigating changing ambiguities, and of having such a burden of a life-critical mission. Their mission, managing technology that now focuses on attending to the support of urgent safe patient care, is challenged by the loss of regular (or normal) access to supply chain sources. Just a few weeks ago they could so simply and easily obtain medical equipment, disposable accessories, spare parts, manuals, and even qualified personal. Now, they search for personal protective gear, for rental or refurbished devices, seek newly released guidance on how to disinfect devices, and understand the impact of the latest regulatory changes. Simultaneously, they also have to deal with the sudden arrival of new inventory containing never-seen-before equipment for converting non-care locations into patient care isolation areas. All the while every country is trying to get a handle on what kind and how many medical devices are out there. We all share the challenges, but on top of that, we also see firsthand the loss of lives and the growing worries of the virus-contracted patient's families, old and young alike.

These are unprecedented times; these are not normal times and special measures are being deployed daily. In January, just 10 weeks ago, I was part of a group of colleagues who initiated a Coronavirus call for action in response to emergency requests for assistance from our clinical engineering colleagues in China. Three weeks ago, I was helping to gain access to Coronavirus testing kits coming from China to the US. How quickly the world turns and how little we were prepared. Everywhere, plans and processes are changing. It is critical that in such times, clinical engineers will be served by rapid and reliable news and updates. The Internet contains many stories, and some are true and factual. But who has the time or knowledge to verify the source? Not when you are so committed, as our clinical engineering readers are, to deliver the most optimal and safe technology possible that our healthcare system needs. We cannot afford the time to sift through all these postings. But

these professionals are in constant need for up-to-date and reliable information that will help them to speed the construction of health isolation facilities, the conversion of hospital bed areas into isolated patient areas, the testing and servicing of medical products arriving in their facilities for the first time, and locating manuals, accessories, integration tools, and user information. Significant help is coming now in the form of the new IFMBE/Clinical Engineering Division curated and daily updated social media site Hacking Covid19, you can register at http://eepurl.com/gXOqlz.

This is one of the reasons that the *Global Clinical Engineering Journal* has committed to quickly assemble and publish a special issue of the Journal on technology, engineering, and healthcare services that focus on improving our chances in the fight over the COVID-19 pandemic. We have a target to get this done in two months' time. We are committed to do whatever we can to help our readers learned from colleagues who have been through this fight. Through the collection, reviewing, and publishing of a series of manuscripts about healthcare facility operation during this COVID-19 pandemic from China, Italy, the USA, and other localities we hope that our field will advance and be better prepared for future challenges. The sharing of lessons learned will no doubt contribute to the improvement of patient-care services everywhere. I am calling on every member practicing in our filed to commit to write diaries of what is taking place at their jobs and submit their stories so that the rest of us can learn from them.

As I write this message, the combined effects of new capabilities and rapid information, along with virtual telehealthcare and 3-D printing have pushed us into territory that requires more evidence-based validation and professional engagement. If you do not believe that new products or services are being delivered with recognized and acceptable risks, you should sound the alarm. We, at the *Global CE Journal*, are working closely with IFMBE/CED on updating and expanding training and on resource sharing initiatives that will help you be successful in your career and fulfill patients' expectations of our profession.

On behalf of all the patients in the world, I thank the silent heroes who manage and service one of the most important building blocks of modern healthcare delivery. We care about your families not less than you care for our patients!

Stay healthy and safe.

Together we can do it better!

Dr. Yadin David