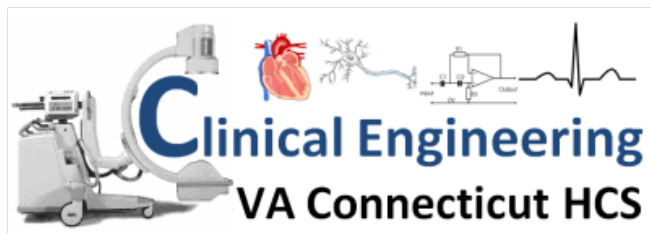


BEACON NEWS

Connecticut VA Clinical Engineering Joins BEACON



The U.S. Veterans Administration Health Care Center Clinical Engineering Department located in West Haven, CT has joined BEACON. The VA Health Care system national mission is to serve the healthcare needs of those who have served in our various branches of the military. The Connecticut facilities are part of a larger Veteran Integrated Service Network (VISN) of all six New England states. The West Haven hospital has 205 beds, 8 operating rooms and all the regular services of any major hospital. They also have a smaller out-patient treatment campus in Newington, CT for urgent care, radiology, and the mail order pharmacy. There are six Community Based Outpatient Clinics (CBOCs) in Connecticut and three vet centers. The 15-member Clinical Engineering staff in Connecticut (and 2 interns) is responsible for all medical equipment in Connecticut that can be attributed to the VA. They also have responsibility for equipment care at the CBOCs, Vet Centers and are working on an affiliation with the Groton, CT naval station.

The VA has a Centralized Patient Record System that was one of the first fully functional patient record systems in the country. It has very stringent architecture due to some information security constraints by the Department of Defense but provides a paperless system that allows the veterans to receive "The Best Care Everywhere" (VA slogan). A large portion of New England vets are from the Vietnam-era. They travel south or to other destinations for the winter. This Centralized Patient Record System allows them to visit any VA healthcare facility in the country knowing their records follow them.

The staff includes several who are University of Connecticut Clinical Engineering graduates. One staff member is an adjunct professor at University of New Haven. They have a very good working relationship with Yale University, NIH, Office of Public Health and Veterans Engineering Research Center. As of this writing they are working on installing a new MRI and new heart lung machines, assisting with the construction of a new med-surg floor and developing a plan for equipment needed in a new building on campus that will house a new endoscopy suite, in-patient pharmacy, clinical laboratories and potentially other med-surg floors. Their work is never-ending and the need for new equipment is constant. They are known for working well as a team which is one of their assets.

For more information on the VA Healthcare System, visit www.va.gov



The VA Clinical Engineering Department has 15 staff and 2 interns.

**2012 BEACON SEMINAR #1:
THE PROMISE OF REGENERATIVE
PHARMACOLOGY: STIMULATING THE BODY TO
HEAL ITSELF**



Presented by: J. Koudy Williams, Professor, Wake Forest University Institute for Regenerative Medicine, Wake Forest University Health Sciences, Winston-Salem, NC

Dr. J. Koudy Williams (DVM) is a veterinary scientist and Professor of Regenerative Medicine at the Wake Forest Institute for Regenerative Medicine. His research focuses on the use of translational animal models, including nonhuman primates, to provide data for clinical development of regenerative medicine approaches to the treatment of chronic diseases affecting both men and women in the United States and around the world. These research focus areas include cell therapy and tissue engineering approaches for cardiovascular diseases, diabetes, corneal regeneration and regeneration of the genitourinary system. Stem cell-based therapy and Bioengineered organs are the best documented approaches in regenerative medicine, promising cures for a multitude of diseases and disorders. However, the *ex vivo* expansion of stem cells and their *in vivo* delivery are restricted by the limited availability of stem cell sources, the excessive cost of commercialization, and the anticipated difficulties of clinical translation and regulatory approval. Similarly, bioengineered organs require stem cell sources, complex seeding and pre-conditioning

paradigms. An alternative to regenerate organs and tissues are cell populations already present in a patient's body, including stem/progenitor cells, which can be actively attracted to sites of injury. This technique, known as endogenous cell homing, has the potential to provide new therapeutic options for *in situ* tissue regeneration. Such options would be less costly and complex than approaches that require substantial *ex vivo* cell manipulation and that use artificial vehicles for cell delivery. Tissue regeneration methods that rely on endogenous stem/progenitor cell homing, local tissue responses, and functional stimulation thus offer new insights into *in vivo* tissue engineering and hold great promise for the future of translational medicine. Although such methods that take advantage of the latent endogenous regenerative potential of the patient are promising for the repair of damaged tissue, they are in need of further experimental support before application in late-stage diseases or severe tissue injury. This includes a better understanding of the basic biology involved in cell homing and development of viable methods to attract endogenous stem cells to the site of injury. This review will highlight some of these approaches to diseases common to a large population of patients in the United States and around the world. In the future, these exciting paradigms are likely to help reconcile the clinical and commercial pressures in regenerative medicine.

DATE: Wednesday, February 29, 2012
TIME: Networking Reception 5:30-6:30 PM
Presentation 6:30-7:30 PM
PLACE: UConn Health Center, Patterson Auditorium (Academic Entrance)
263 Farmington Avenue, Farmington, CT
NO CHARGE TO ATTEND, BUT RSVP REQUIRED
RSVP to: 860-547-1995 or toll free: 877-723-2266
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President & Founder: Joseph Bronzino
Co-Executive Directors: Terri Wilson & Donald Peterson
Program Assistant: Leonor Snow

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