FALL SEMINAR 1993 – Experience the beauty of Autumn in Vermont
by Dana Swenson, Fall Seminar Chairman

As Chuck Reaves would say, “To be a hospital engineer you only need to know about air conditioning, refrigeration, steam, landscaping, hazardous waste, infectious waste, incinerators, construction design, construction management, bidding, negotiating, scheduling, disaster planning, fire planning, evacuation planning, taking things apart, and putting things together.”

In addition, it doesn’t hurt to know how to use a computer, how to work with people, and how to deal with the politics of your institution. There is also the alphabet of regulations and guidelines that the hospital engineer must deal with; NFPA, OSHA, BOCA, as well as Health and Human Services (HHS), Department of Natural Resources (DNR), and Certificate of Need (CON). Our jobs continued on page 2

JCAHO MOCK SURVEY – A great tool for you and your employees

Greg Oles from Franklin Medical Center in Greenfield, MA, along with engineers from neighboring hospitals have compiled a list of questions and answers you can use to familiarize your staff about policies and procedures which will be under scrutiny during a JCAHO review. Following are some examples of questions which may be asked of your employees followed by sample answers:

Do you have a Hazardous Communications Program for your hospital? Is it written? If so, where is it kept for review at any time?

Yes, it is written and is available for review at any time by any employee. It is located in each department’s red Safety Manual.

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HALONS – If you use them, this is information you need

Summarized from an article in NFPA Journal (March/April 1993) by Jeff L. Harrington

For more than 20 years halons have enjoyed widespread use in an array of fire protection applications. They, like all CFC’s (chlorinated fluorocarbons), are now being carefully scrutinized and regulated. The global response to the mounting evidence that CFC’s contribute to ozone depletion culminated in September, 1987 with the signing of the Montreal Protocol by 23 nations. Here’s the lowdown on what’s been happening since then and how it may affect you:

- The Montreal Protocol originally called for limiting halon production to 1986 levels.
- A revision in 1990 stated that halon production would come to a halt by the year 2000.
- Further changes in 1992 now dictate that the worldwide halon production phaseout date has been changed from the year 2000 to January 1, 1994.
- The Montreal Protocol initiated a global search for Halon 1301 and Halon 1211 substitutes.

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FALL SEMINAR 1993 continued from page 1

have not only become more complicated, but that complexity has increased the need and ability to satisfy our customers, to sell our department’s services, and to effectively sell ourselves!

At the Fall Seminar, to be held in Burlington, VT on September 29 – October 1, 1993, Chuck Reaves will work with us on selling our departments and satisfying our customers. Chuck is a nationally known speaker and he specializes in adding value to whatever one is selling; whether it is your department’s services or yourself. Each of us will walk away from Chuck’s workshops with a renewed sense of purpose, and some methods for having our departments operating as centers of excellence.

Sheila Kabat, of Lee Hecht Harrison Associates, will then work with us on career planning within our organizations. In a time when many are being asked to compare the value of their services to that of contracted services (Servicemaster, et. al.), it is important that we be pro-active in developing and presenting our careers. If the boss doesn’t know what you do with your days, when the contracted service is knocking at the door it may be too late. The company that Sheila represents specializes in teaching people how to sell themselves. What are your strengths, and how can you highlight them? What weaknesses do you have and what can be done to improve those areas? There will also be a limited number of personal counseling sessions available for attendee sign-up.

As many of you know, one of the most important aspects of the Fall Seminar is the opportunity to meet with your peers and in the current terminology “network”. During the last few years, the round table discussion period has provided that opportunity. In order to feature these discussions, we have placed them on the agenda for the afternoon of the second day immediately following the Annual Meeting/Business Luncheon.

Meeting with your peers doesn’t have to be all business! The Spouse’s program for this year will include a trip to Stowe for a gondola ride, a tour and sampling of gourmet ice cream at the Ben & Jerry’s plant in Waterbury, and many other fun activities. In addition, the evening activities will be memorable and entertaining. This is a perfect opportunity to break out of your usual routine, and bring your spouse or significant other along! They will have a ball! We are also planning a joint engineer/spouse activity arranged for the afternoon of the final day (Friday) of the seminar. The discount hotel rates will stay in effect for the weekend and as this is peak foliage time for the Northern Green Mountains, we are sure that many of you will want to take advantage of this opportunity to spend a couple of extra days in Vermont. The Champlain Valley is a beautiful area and the Vermont Hospital Engineers look forward to showing the area off to all of you.

Watch for the brochure and registration form to arrive within the next couple of weeks. The hotel has set aside 100 rooms for Fall Seminar attendees and the rooms may go fast.

See you in the Fall! ■

WHY YOU SHOULD BE POSITIVE

If you want to be seen as a doer who can be counted on to get the job done, respond with “I will” as frequently as possible. Phrases such as “I’ll try” make you appear wimp-like.

Example: Remember all the people who say, “I’ll try to get back to you tomorrow.” They seldom do. Those, however, who say, “I’ll have an answer for you by five tomorrow,” usually follow through.

Source: Communication Briefings, May 1993
How do you define Safety Management and how would you describe the scope of PTSM services in your area?

The PTSM (Plant Technology and Safety Management) standards outline a process which, if implemented and practiced conscientiously, serves to improve the patient care environment. (Desirable outcomes are achieved and undesirable outcomes are avoided) The Safety Management standard helps to establish the expectation that doing a job safely is part of doing a job right and that safety is the responsibility of each individual. We must prepare each staff member to interact effectively with the environment and equipment in which he/she functions.

Do you provide protective gear to your employees? If so, what is the gear and what is it used for?

Yes. It varies according to specific departments and specific work related procedures/tasks. Generally items such as gloves, gowns, masks, safety goggles, glasses, etc. are provided. (Answer specific to your department.) They are used primarily for OSHA compliance, universal precautions, and most importantly to protect employees and patients.

What type of safety in-services/education do you provide to your department?

Be specific here. Some departments utilize Infection Control, Rehab., and Safety Coordinator to present these in-services. Some general topics include back safety, chemical safety (Hazard Communication), and universal precautions, among others.

Does the hospital have a process in place for collecting and evaluating information about hazards and safety practices that are used to identify safety management issues to be addressed by the Safety Committee?

Yes. (Outline your systems.)

Does this information collection and evaluation system include a system for reporting and investigating all occurrences that involve property damage, occupational illness, or patient, personnel or visitor injury?

Yes. We have established an occurrence investigation process and have an active occurrence/accident reporting policy. We also have forms available for documenting such occurrences.

Look for more sample questions and answers in upcoming newsletters. Or contact Greg Oles at (413) 772-0211 x 2285 for a copy of the complete mock survey.

Thanks Greg for some timely information as the Joint Commission makes its rounds!
I realize there are many affiliations; but one that I feel has the most potential, and is not fully utilized, is our own New England Hospital Engineers' Society. I am sure each of you is aware that we provide educational seminars – one in the spring and one in the fall – but did you also know that:

- NEHER provides a liaison with NFPA, JCAHO, ASHE, and NEHA? These persons (listed in this issue) are available to all our members to answer any questions you may have about these organizations;
- NEHER is dedicated to providing a more attractive, more informative quality newsletter than ever before (this issue being the first – the best is yet to come, and your comments are welcome), and that NEHER awards $100 for the best newsletter article for the year? If you have an article you would like to submit, contact your state representative;
- NEHER is presently pursuing a certification program whereby hospital engineers can be recognized as professionals in their field;
- NEHER is constantly seeking ways we can better serve our members? We invite your suggestions;
- NEHER can help if you are in need of employment?

I invite each of you, in addition to joining your local group, to also join the New England Hospital Engineers' Society so you may receive the support and resources available to you from fellow hospital engineers. NEHER is a resource that none of us can afford to be without.

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At the final meeting of the Board before the summer recess, the Treasury report is once again a positive one.

Bills to be paid for the period from May 1 to May 31, 1993 amount to $1,177.53.

The ending balance of the Treasury as of May 1, 1993 reported at the May, 1993 Board meeting was $25,922.60. For the month of June, 1993, the expenses exceeded the income by $41.49, leaving $25,381.11 in the Treasury.

At the request of the Board I have reviewed the financial position of the Society and weighed the balance between the income generated by the various fund raisers and the amount spent on educational programs and materials. As my report indicates, the financial position of the Society is healthy and this allows us to expand or add educational programs and materials offered to Society members.

In my opinion, the following is a list of programs which should be expanded, including proposed annual budgets:

<table>
<thead>
<tr>
<th>Program</th>
<th>Cost</th>
</tr>
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<tbody>
<tr>
<td>Newsletter</td>
<td>$4,000</td>
</tr>
<tr>
<td>Educational Materials (videos, books)</td>
<td>2,000</td>
</tr>
<tr>
<td>Grant(s) for NEHER members</td>
<td>2,000</td>
</tr>
<tr>
<td>Scholarship</td>
<td>1,500</td>
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<tr>
<td>Professional Consultation</td>
<td>2,500</td>
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<tr>
<td><strong>TOTAL</strong></td>
<td><strong>$12,000</strong></td>
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The newsletter is the most important link to the members, and I think it should always remain a top priority. It should be technical as well as informational. The Educational Material category is also very important, and I am pleased that John Crowley will manage this function. The video and book library will be a great asset to the members and their hospitals. (Look for the index of videotapes available in this newsletter.) I strongly endorse the suggestion of the Board to sponsor NEHER members for educational programs or professional meetings (such as NFPA or ASHE). I also endorse the recommendation of some Board members to increase the amount of the annual scholarship.

The last category, Professional Consultation, is one which the Society has not used in the past, but is one which I believe all members can greatly benefit from. Each year the Board may decide on one or perhaps two timely issues, and retain a consultant to perform a task. This may include a wide array of things from: developing a professional accreditation or licensing program for Hospital Engineers; or it may involve conducting independent engineering studies such as feasibility of retrofitting chillers to alternate refrigerants, or updating sterilizers for reduced air emissions of EtO; or it may involve legal interpretation of relevant topics, such as regulatory issues; or perhaps a lobbying effort for the JCAHO or other regulatory bodies. Another possibility may be retaining professional personnel firms to conduct regional salary evaluations or surveys, position classifications

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to hospitals. Apparently there is a new service available from AT&T which allows people to call directory assistance (information), and then once in directory assistance they can press one button and dial the number requested from information, thus bypassing the switchboard, and charging the number directly to the hospital. This could prove to be a big ticket expense for hospitals if they have employees or patients misusing the phone system. John has been in touch with New England Telephone, and as of this writing N.E.T. has not produced the software that will block this service from being available.

ing. In Mark's absence, Dana Swenson chaired the session. The main focus of the meeting was twofold: 1) to continue efforts to organize and plan for the upcoming NEHES fall seminar, and; 2) to share information and help other engineers prepare for the next round of JCAHO surveys.

Because most Vermont hospitals will be surveyed in the next three to six weeks, the engineers plan to intensify their preparation efforts in the remaining time left. To allow for maximum time to get ready, no formal meetings of the Vermont Hospital Engineering Society have been scheduled until after all surveys are complete.

Mark also reports that a meeting was held on May 14 at the Cortina Inn in Killington, sponsored by the Vermont Hospital Association. The purpose of the meeting was to give engineers and other personnel the opportunity to meet the survey team before they begin and to obtain information regarding how the surveys will be conducted.

Connecticut and Rhode Island
At this writing, no reports were available from either state.

Disagreeing with your Boss – things to consider

Before you decide to try to persuade your boss that he or she is wrong, ask yourself these questions:

- How sure am I that the boss is wrong? Are my data strong enough to prove my point? If not, to what extent can I find the data I need?

- Who may agree or disagree with me that the boss is wrong? What’s the relative power of these two groups?

- If the boss is wrong, what impact will it have on the company, my boss, my peers, my subordinates and me?

- What methods can I use to change the boss’s mind? Which ones will be most effective? Safest?

- What are my chances of winning?

- What will I gain if I win and what are the risks of winning?

- If I lose, what are the likely consequences?

Source: Fernando Bartolome, writing in International Management Review – Communication Briefings, June 1993

Mark Cappello reports that the Vermont Hospital Engineers Society held their meeting in April in conjunction with the Technical Services Program’s (TSP) spring seminar. Seminar topics included the effect of revisions in NFPA 99 on medical gas system preventive maintenance and a discussion on how JCAHO's new excellence in management initiatives will impact plant operations/maintenance departments.

The majority of Vermont hospitals (who contract with Technical Services to provide bio-medical engineering services) sent a representative to the seminar. As such, the seminar had good attendance. A block of time was set aside for the Vermont Hospital Engineering Society to conduct a business meet-
FIRE FIGHTING TACTICS at Healthcare Facilities

Continued from page 6

Be prepared for locked doors

First, stairway doors may be locked from the stair side. Fire fighters should find a staff member with keys and have forcible entry tools available. Fumbling with keys while dressed in fire protective gear will be a difficult task. It may be quicker to force the door.

Secondly, doors to some wards and some patient rooms may be locked (i.e. Psych wards and “wandering patient” wards). Consideration needs to be given to keeping these areas locked when possible, due to the unpredictable nature of the patients in these areas.

Consider leaving patients in their rooms

Once the fire is controlled, leaving patients in their rooms may be the best alternative, as long as windows can be opened for fresh air. Once the fire is controlled, the smoke conditions should not get much worse. A quick, efficient smoke ventilation effort may do more to save lives than an attempt to evacuate/rescue. If evacuation/rescue is necessary, especially on ground floors, going out the window is probably the best option. Corridor smoke conditions are probably worse than in rooms, and congestion may also be a problem with fire fighters and equipment in the corridors. In addition, each time doors are opened, more smoke spreads throughout the building.

Patient evacuation

Prior training is required to disengage patients from any machinery and equipment they may be hooked up to. A fire fighter must realize the possible fatal consequences of disconnecting a patient from a life support system, and should not attempt to do so without the assistance of a competent hospital staff member. And, if a staff member can safely be with you, is evacuation really necessary?

Utility shutoff

A health care facility is not a standard fire fighting situation, and therefore standard procedures regarding utilities cannot be followed. Electrical shutdown to a ward could cause the immediate death of some patients on life support equipment. Also, electrical shutdown may result in the emergency generator bringing power back to the line you just shut down.

Hospital medical gases are usually piped throughout these facilities to aid in the speedy recovery and survival of patients. Oxygen shutdown might be necessary if oxygen is feeding the fire (an unlikely situation). Consider that several patients on the ward may need immediate oxygen from portable units, and consider again the possible fatal consequences of your actions before doing anything. Gases which fire fighters may encounter include nitrous oxide, oxygen and compressed air. These can be problematic to fire fighters and special consideration needs to be given to these potential hazards. Medical gas zone valves should be located, but only shut down after a clear assessment of the consequences has been made.

Elevator Use

Unlike standard procedure, where an elevator would seldom be used, a properly "protected" elevator in a hospital may be more useful for evacuations than in other settings.

Summary

Health care fire fighting is a whole new ball game, with numerous considerations which fall outside the realm of standard procedure. Fire fighters need to remain flexible and cognizant of this “unusual playing field” at all times when faced with a health care fire incident.

Speaking so they’ll listen

To make sure your audiences listen when you speak:

- **Make your presentation a dialogue.** Use “you” and “we” a lot.
- **Practice your speaking techniques** when you talk on the phone or leave a voice mail message, in face-to-face conversations or in routine meetings.
- **Use long pauses** to emphasize words. Talk with your hands, but don’t overdo gestures.
- **Make sure every visual you use is necessary and clear.**

Source: Dr. Richard M. Harris, writing in Financial Executive, Communication Briefings, July 1993.
TREASURER’S REPORT
continued from page 4

hospital engineers. These are not specific recommendations, only examples of possible ways to utilize professional consultation services. As volunteers on the Board, most of us do not have the time, and in many cases, the expertise, to dedicate to such very important issues.

I strongly recommend annual review of the budget for the above categories and appropriate adjustment based on the financial position of the Society. It is my responsibility as the Treasurer to remind the Board that 1992 was a very successful year, and that the Fall Seminar was extremely profitable. These recommendations are made only in context of a successful year. However, I feel it is always our responsibility to give to the members as much education and service as possible.

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Treasury Report
Summary Activity 1/1/92 – 6/30/93

INCOME

- Fall Seminar 92 (Net) .............................................. $13,470.94
- Fall Seminar 93 preparations ............................... -$1,725.19
- Membership Dues 92 ........................................... $5,712.00
- Membership Dues 93 ........................................... $4,547.55
- Spring Seminar 92 .............................................. $677.81
- Spring Seminar 93 .............................................. $435.56

Total Income ......................................................... $22,247.55

EXPENSES

- Board Meetings 92 .............................................. $2,102.60
- Board meetings 93 .............................................. $1,209.64
- Clerical 92 ....................................................... $1,316.30
- Clerical 93 ....................................................... $341.25
- Ed. Material/Video & Books ................................. $1,123.25
- Insurance 92 ..................................................... $348.00
- Mailing 92 ......................................................... $758.23
- Miscellaneous 92 .............................................. $1,378.07
- Newsletter 92 ................................................... $2,818.83
- Scholarship 92 .................................................. $1,000.00
- Service Fees 92 ................................................ $215.79
- Expenses – Other .............................................. $0.00

Total Expenses ..................................................... $12,611.96

NET TOTAL (Income – Expenses) ............................... $9,635.59

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THREE LOW-COST TRAINING IDEAS

A lack of money shouldn’t keep hospitals from training employees. Some ideas:

- **Make the buddy system formal.** Skilled workers have shown newer employees the ropes for years. Make sure new and experienced workers are paired properly so training can take place. Another tip: Develop checklists of skills to concentrate on.

- **Buy more books.** A good book can quickly take the place of an expensive consultant. Bonus: When the boss gives a copy of a book to employees and suggests that they read it, most will. Also: Consider training videos. Many excellent and low-cost training videos have entered the market, allowing you to bring outside expertise in-house at very little cost. (Check out the video library available through NEHES. Look for the index in this newsletter issue.)

- **Check on outside classes and seminars.** They offer a low-cost way to quickly boost employee skills and performance. Before registering, ask the company to share the names of several past participants. Call them to get their reactions to the seminars.

*Source: Communication Briefings, May 1993*
HALONS – Phaseout date draws near
continued from page 1

■ Several substitute candidates are currently making their way down the arduous path to commercial availability. A list of candidates can be obtained by consulting NFPA 2001, Standard on Clean Agent Extinguishing Systems.

■ Two substitutes are currently available in the U.S. They are pre-engineered total flooding systems. One of them is FM200 by Great Lakes. At this writing G.L. is about one month away from getting U.L. approval. The system is being marketed with the promise that if Underwriters Laboratory requires changes to the system, they will be made free of charge to any systems in place. The other substitute is Inergen Systems by Ansul Corp. Ansul is approximately one year away from getting U.L. approval, but, they too are selling their system with the same promise as Great Lakes. Both systems have been available commercially for some time in Europe.

■ Drop-in Replacements (defined in this instance as an agent that can be used to replace Halon 1301 in an existing system without having to change the size or the number of existing containers or the size or configuration of the distribution piping). Most of the candidate substitutes have one or more physical characteristics which prevent them from serving as drop-in replacements.

■ The cost for substitute systems will be determined by the per-pound cost of the substitute agent, the number of pounds required and the cost associated with the equipment. Preliminary indications show that the per-pound cost of the first substitute agents to become available in the U.S. will be about twice the traditional cost of Halon 1301. Market forces will probably drive these prices down.

■ Halon Recycling is expected to become available in the form of a brokerage business which will be starting up around July. A computer database will be used to match up halon users with halon suppliers. With the amount of halon currently in use in the U.S., and the potential for long term recycling, the author expects halon to still be in use twenty years from now.

Jeff Harrington, of Harrington Group, in Lilburn, GA, offers fire protection and prevention consultation services to many industries, including health care.

FIRE FIGHTING TACTICS at Healthcare Facilities
Department of Veterans Affairs, Albany, NY, Submitted by Don Garrison, Togus, ME

Editor’s note: This article is directed primarily at V.A. fire fighting personnel. However, the better we understand how fire fighters will approach a fire at a health care facility, the better our fire prevention programs can become.

First Priority is to get water on the fire. Is attacking the fire first versus rescue controversial? You bet. But in a hospital fire this may be the most important decision made. Yes, “Life Safety” of the trapped victims is the first priority, but in health care the best way to satisfy that priority is to rapidly extinguish the fire. When a tactical action delays fire attack for any reason, massive smoke production is allowed to continue with obvious results. Usually a room fire can be easily blacked out, thereby stopping deadly smoke production and stopping the continued deterioration of conditions within the “fire ward” and within the building. If the first-in units choose other actions such as search or rescue, fire fighter’s actions involve opening doors which negates the buildings’ designed ability to restrict smoke spread. This mistaken action in combination with delayed fire attack will result in the fire department’s actions enhancing smoke spread which causes the need to evacuate the medical building, which may, in turn, cause additional fatalities/injuries.

Listen to Staff
The Charge Nurse, Head Nurse, or Chief Nurse is responsible for the patients within their area and are more likely than most people to have accurate information. If a nurse tells you “I am the Head Nurse for this ward, and we got everyone out”, you can believe him/her (at least initially). There is no need to search every room. This is not standard practice for a fire fighter, who is taught not to believe occupant statements and to conduct their own search. In healthcare, however, you can believe nurses’ statements and place your resources accordingly.

Be prepared for patients restrained to beds
Patients restrained to beds will greatly delay any attempt to rescue out a window or to conduct a quick rescue carry. If possible, remove them, bed-and-all, down corridors to less threatened areas. Fire fighters should carry the “seat belt knife” with them to any healthcare fire incident.

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AD HOC REPORT – Fall Seminar
Reimbursement Submitted by Jack Gosselin,
Co-Chairman, Steering & Bylaws Committee

Earlier this year NEHES President, Barney Bolton,
appointed a five-member committee to make recom-
mandations regarding the fall seminar reimbursement
issue. This report details the recommendations as for-
mulated by its members.

The committee’s understanding of the issue is the idea
that a rebate be made to the host state of a portion of
any “profit” from the fall seminar as an incentive or
reward for a financially successful program.

The committee advises the board against this proposal
for a number of reasons:

1) The concern of a yearly obligation of monies that
must be made to fund this rebate. Member and ven-
dor attendance can vary, as well as other factors,
making profitability beyond the control of the sem-
inar planners. It is more difficult to plan a function
if an additional financial obligation is there from
the start.

2) Change in seminar priority from education and
society networking to fiscal success.

3) The ongoing operating mission of the NEHES Board
to make available surplus operating revenues for
Society programs. Some suggestions:
   • Purchase upgraded computer hardware for
     Society records.
   • Reduce seminar registration fees.
   • Purchasing networking capabilities for NEHES
     computer to sources of technical information.
   • Upgrade newsletter and frequency of
     publication.
   • Low-cost/No-cost special seminars addressing
     defined subjects; i.e., JCAHO, LSC.
   • Increased scholarship amount based on
     seminar “profit” and awarded at year’s end to
     host state’s educational institution/student.

In summary, the Ad Hoc Committee does not endorse
the proposal of reimbursement of states hosting the fall
seminar. Profit derived from this function should be
uncommitted and used for programs and materials that
will be of professional benefit to the Society’s member-
ship as a whole.

The aforementioned recommendation is the consensus
of the five-member Ad Hoc Committee representing five New
England States and does not necessarily represent the
opinion of individual members of the committee.

ASHE REPORT – Annual Conference
Highlights Submitted by Bob Loranger, ASHE Liaison

The American Society for Hospital Engineering’s 30th
Annual Conference and Technical Exhibition was held
June 14-18 at the Disneyland Hotel in Anaheim, CA.

In all, about 165 members attended the pre-confer-
ence seminar held June 14 on Quality Management
for Plant, Technology and Safety Management. The
seminar was conducted by David Sine, CSP, Austin,
TX, Gary Slack, CCE, PE, Springfield, OH, and Ralph
Swain, Gainesville, FL.

Though the final tallies are not in, it appears that 714
members attended the conference, with 230 booths
being displayed in the technical exhibition. 99 educa-
tion sessions were presented and included several
focus groups. One highlight of the conference was the
keynote address by Thomas Riskas from the Covey
Leadership Center who spoke on Reclaiming Our
Endowments of Personal Power.

Our general session on Wednesday was led by Richard
Linneweh, Jr., President and CEO of Yakima Valley
Hospital in Yakima, WA. His talk centered on The
Impact of Health Care Reform on Health Care. He
spoke of the need for health care systems and facilities
managers to adapt to the new environment. After this
general session, the society conducted several forums
to assess the impact of health care reform on: Facilities
Management; Planning, Design and Construction;
Biomedical Technology Management; and Safety and
Security Management. A report to the membership of
the results of the forums will be forthcoming in the
next couple of months.

72 members participated in the golf tournament held
Monday at El Dorado Golf Course in Long Beach
with prizes going to the top four teams.

About 65 new members were welcomed at ASHE’s new
member reception on Tuesday, June 15. The, approxi-
mately 250 members were entertained by comic Steve
Oedeker, who hosted our talent show. A great
time was had by all!

385 members attended a California Angels and Texas
Rangers game, with the home team winning 5 – 2. 585
members and spouses attended the annual awards
banquet where almost 30 members received the Senior
or Fellow distinction in our Actions for Professional
Excellence (APEx) program.

The 31st annual conference will be held July 11 – 15,
1994 at the Sheraton Washington Hotel, in
Washington, D.C.
Kurt Peterson reported that the New Hampshire Hospital Engineers met at Dartmouth Hitchcock Hospital on April 15, with a productive agenda. The group decided that in May they would tour the Stericycle Plant in Woonsocket, RI. Their June 17th meeting was planned for Speare Memorial in Plymouth with a speaker from the E.P.A. The September meeting is planned at Exeter Hospital and will feature AMSCO with information about the new “vapor hydrogen peroxide sterilization” technology. For October the Society plans to meet at the Hospital Assn. Building in Concord with Bill Frank to speak on filters, water, and instrumentation. Interest was expressed for future topics to include NOX emissions and the BTU tax.

The trip to the Stericycle infectious waste disposal plant in Woonsocket, RI was informative. After viewing a short tape and slide show about the Stericycle process, they took a tour of the facility. The process works something like this: The waste is offloaded in the Steritubes provided by Stericycle. It is checked for radioactivity. It is then emptied into a negative air building within a building where it passes through double hammermills, cyclones, and then onto a conveyor where it is again checked for radioactivity. It is packaged into large tubs and compressed. Then it passes through the Electro Thermal Deactivation phase where it becomes inert matter.

If the waste was all plastic, it can then be recycled into more Steritubs, needle boxes, etc. If the waste is mingled, it is then sent to Seekonk where it is injected into their process as a fuel and burned. The ash is then used in the manufacture of blocks. The process is fast, clean, and efficient. The fact that there are no end-products being brought to a landfill was particularly interesting to the N.H. engineers. The Stericycle people are more than willing to give tours to any interested hospital engineers.

Maine's hospital engineers nominated and elected Mr. Gary Gerow, State treasurer for the Society as hospital engineer of the year. Mr. Gerow will be honored during the State of Maine Hospital Association meeting on June 10th & 11th at the Samoset Resort.

The agenda for the June 24th meeting includes a program on "Continuous Quality Improvements in Hospitals," as well as a chicken barbecue in Bangor at Eastern Maine Medical Center.

Don Garrison reports that the Maine Hospital Engineers met on May 20, in Waterville. A luncheon meeting was followed by a presentation by George Clark from Charron Corporation. Mr. Clark's presentation was on lighting controls using infrared and ultrasonic sensors. Mr. Clark represents "Watt Stopper" sensors which are industrial grade and are being specified by many design firms in Maine. There is also rebate potential from both utilities in Maine that will essentially pay for the controls.

Ernest Margeson reports that on May 28, he, Tom Whittaker and Bob Lord met in Sturbridge to tour the Sturbridge Host Hotel/Convention Center, and then on to the Salem Cross Inn to familiarize themselves with the '94 Fall seminar program which Terry Ringer had begun to put together. They found everything to be very acceptable.

Ernest also reported that at the time of his report both Franklin Medical Center and Bay State Medical Center were being surveyed by JCAHO.

The June meeting is planned for Nantucket, a pleasant tradition started by the late Dan Maxwell, and continued by his successor, Dick Moran.

John Crowley also reports that there is an effort at revitalizing the Middle Mac Engineers Group, and that they last met in Woburn. Charlie Feeney is spearheading this effort.

John also reported on an AT&T service which may be of some concern.
NEHES VIDEO TAPE LIBRARY

Following is a list of videotapes currently available from NEHES. These tapes can be borrowed for a period of two weeks by contacting Mary Lou Crowley at St. John’s Hospital – (508) 458-1411.

1) Evacuation of Medical Facilities ..........17 min.
2) Fire: Countdown to Disaster (2) ..........17 min.
3) Hazardous Materials & Hospital Liability ........................................ (set of 2 tapes)
4) Hospital Emergency Department Response to Radiation Accidents
5) Implementing a Hospital Hazardous Materials Program
6) NFPA Fire Safety 1988
7) Oil Spill – Hebrew Rehab. (4/27/87)
8) Pass it on – Reuse of Refrigeration Cylinders
9) Pre-Hospital Response to Radiation Accidents ........................................ 25 min.
10) Return of the Lost Profits – HVAC Retrofitting
11) Safe Handling of Medical Gases (7) ........19 min.
12) Steam Trap Operation & Maintenance

GROSSMAN’S SERIES

13) Baths
14) Cabinets
15) Ceramic Tile
16) Decks
17) Drywall
18) Electrical
19) Fences
20) Finished Carpentry
21) Kitchens
22) Plumbing
23) Roofing

Medfilm Series

24) Clinical Laboratory Safety ..................12 min.
25) Defibrillators ..................................11 min.
26) Electrosurgery ..................................11 min.
27) Electrosurgery Safety ..........................9 min.
28) External Ventricular Pacemakers ............13 min.
29) Hazardous Materials Safety .............11 min.
30) Laser Safety ..................................11 min.
31) Needle Stick Prevention .......................8 min.
32) Nursing Electrical Safety ...................11 min.
33) O.R. Electrical Safety .......................10 min.
34) Shock-Proof ..................................10 min.

GENERAL INTEREST

35) Wiremold Perimeter Raceway – Wiremold .10 min.
36) Building a Data/Computer Facility ..........7 min.
37) JCAHO – Emergency Preparedness: Discusses the JCAHO requirements for disaster preparedness using the real life example of Forest Hospital, Des Plaines, IL ........30 min.
38) U.S.P. Defective Equipment Material Reporting System .........................15 min.
39) When Seconds Count
40) The NEC Today by NFPA – Changes to the National Electrical Code 1990
41) Fastener/Welding Seminar
42) Fire Safety
43) Cooling Tower Cleaning & Repair
44) JCAHO Survey for Hospitals
45) Fight or Flight
46) Health Care Facilities

MISCELLANEOUS

Quote of the Month

"If in the last few years you haven’t discarded a major opinion or acquired a new one, check your pulse. You may be dead.”

– Gelett Burgess

Tips of the Month

- To increase the chances that people will notice and read similar routine messages on your employee bulletin board, change the heading, shape or color each time you post a new message.

- Return potentially unpleasant and frustrating phone calls first thing in the morning. By getting these calls out of the way, you won’t dread making them throughout the day and you’ll find your workday to be more productive and pleasant.

Source: Communication Briefings, 7/93
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Introducing our NEW & IMPROVED Newsletter layout!

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