FALL SEMINAR 1993 – We came; we shared; we had a great time!
by Dana Swenson, Fall Seminar Chairman

Wow! What a great time NEHES members had in Vermont! The annual fall seminar was a resounding success. In addition to the insights gained through the formal program – workshops, vendor exhibition, round table discussions – the social aspect of the Society was, as usual, highly notable. As always, it was a pleasure to rub elbows with our peers in both educational and convivial environments.

The keynote speakers on each day were in a word – fantastic. Chuck Reaves started the program off with his usual blend of wisdom, humor and showmanship. Everyone finished that day with a renewed feeling of what it takes to provide our fellow employees and ultimately the patient with quality service. Sheila Kabat’s insight into career planning and selling ourselves was extremely helpful and timely. Several members took advantage of the opportunity to meet with Sheila later in the day to discuss their particular situations and the response to these interviews was very positive. On the last day David Kreutzer started to bring us all up to speed on the up-and-coming process for problem solving and adapting to change. With such outstanding faculty, it is no wonder the programs were so well received.

Fortunately it was not all work during the seminar. The annual outing was held at Shelburne Farms overlooking Lake Champlain as the sun set over the Adirondack Mountains across the lake. Members were able to enjoy a bit of historic and cultural Vermont while savoring a meal of fresh Vermont turkey and ham with all the fixings.

The annual banquet featured Dr. Beech Conger and his own tongue-in-cheek approach to medicine and managed care. When later asked where he continued on page 2

MEET BOB LORD – NEHES’ new President had dreams of the open sea!

Bob Lord grew up in Maine as the youngest of six children. His father worked long hours as an electrical engi-
neer at a mill near the family’s home in Lisbon. He was a very talented man who Bob recalls “could fix anything.” In 1960 Bob’s father became the hospital engineer at Parkview Memorial Hospital in Brunswick. In 1979 Bob was hired as Plant Operations Director. Bob reminisces “following in my father’s footsteps seems obvious now, but it was not always so simple.

When Bob was young he wanted to be a lobsterman. He helped the men at the docks by hauling and baiting traps. It was very demanding and hard work.

continued on page 4

Bob & his wife Nancy at the 1993 Fall Seminar
PRESIDENT’S FINAL ADDRESS

by Barney Bolton

Another year is almost past and I think it is appropriate to look back at our accomplishments in 1993. However, before I do that I would like to say it has been an honor and a privilege to serve on the Board of Directors over the last several years. It is an experience which has broadened my horizons and instilled in me respect for those who have served NEHES so faithfully and well through the years, developing and nurturing the outstanding organization we have today. As President of NEHES, I think it is only appropriate to say thanks to all who have served in the past.

The most recent NEHES event was our Fall 1993 Seminar, chaired by Dana Swenson and the Vermont Hospital Engineers and their spouses. The seminar was wonderfully orchestrated and I am sure that anyone who attended would join me in saying that it was outstanding. Thanks to all of you who helped to make this seminar possible.

At the beginning of the year the position of Newsletter Editor was vacant and we struggled to find a person who could assume this important responsibility. As you can imagine, this is quite likely the most time-consuming position in NEHES. You have heard it said that if you want to find someone to do a job you should ask a busy person, so we asked Mark Cappello. After all, he was already a State Representative, he was in transition to a new hospital and a new home, and he was married within the year! Mark accepted but only on the condition that we would allow his wife to help him. We were reluctant to accept his offer, of course, (editor’s note: we think he’s kidding here!) but we did and the result has been an excellent newsletter that we can all be proud of. Thank you both, Mark and Lisa. You are doing a great job.

The first annual event of the year is always our Spring Seminar, which was chaired in 1993 by Ken Boyer. Ken has faithfully served in a most professional manner on the NEHES Board of Directors for many years. The Spring Seminar was a great learning experience for all of us. It is the kind of dedication that Ken has displayed that makes NEHES a resounding success.

Finally, I want to say a big “Thank You” to everyone who served on the Board of Directors in 1993. Your support was invaluable and I trust that the same support will be given to our upcoming President, Bob Lord.

Best wishes for the holiday season!
Jack Gosselin receives an award for twelve years of dedicated service from the Vermont Hospital Engineers.

Steve and Donna Shaw, Greg Oles and Gordon Lewia (in the foreground) enjoy dinner at Shelburne Farms Coach Barn

Fall Seminar Chair Dana Swenson and Bob LeBlanc find themselves wallflowers as both are “spouseless” at the Annual Banquet

Executive Secretary Mary Lou Crowley finally receives her own NEHES baseball cap and an award from President Barney Bolton for her years of devoted service.

David Hathaway and his wife enjoy dancing to the Vermont Jazz Ensemble at the Annual Banquet.

Ernest Margeson, Mass. State Rep. speaks at the NEHES Annual Meeting, held during the Fall Seminar.
Meet newly elected treasurer, DON GARRISON

Don Garrison is the Assistant Chief Engineer at the Department of Veterans Affairs Medical Center in Togus, Maine, and is also the newly elected NEHES Treasurer. Don and his wife Coral live in Farmingdale, Maine. They have two sons; Seth, an environmental engineer; and Rhett, a freshman at King’s College in Wilkes-Barre, PA.

Don received his degree in electrical engineering from the University of Massachusetts in Amherst, and has been with the Togus VA Medical Center for nineteen years. He has been instrumental in transforming the Togus Medical Center (the oldest VA hospital) into one of the finest veterans hospitals in the country. Don is responsible for helping his hospital climb from a position of 156 out of 172 hospitals in energy conservation to become number one! Of his many awards, Don is most proud of a personal letter he received from President Carter praising him for his efforts in saving money.

Don supervises four office staff, ten supervisors, and a total engineering staff of 92 people. He is responsible for 78 structures, 507 acres, and over $15,000,000 in medical equipment. His yearly maintenance budget is $3,000,000 and his yearly construction budget averages about $4,000,000. He is currently working on a $9,000,000 construction project, and recently completed a $24,000,000 clinical addition. The Medical Center comprises about 1,000,000 square feet, and $20,000,000 in building service equipment requiring maintenance and repair.

An active member of his church and a founding member of a new Knights of Columbus chapter, Don is also very active in the activities of the Maine Hospital Engineer’s Society, as well as NEHES. He has served as President of the Maine group, and will continue as Maine’s state representative to NEHES, along with his new duties as Treasurer.

Phew! With Don’s hectic schedule one can only wonder how he does it all, and still manage to contribute articles regularly to our NEHES newsletter! In any case, we’re happy he does and we look forward to Don’s continued involvement and leadership with NEHES. Keep up the good work Don!

Pictured above are the State of Maine Hospital Engineers for 1993. They are: Kneeling – two Eastern Maine Medical Center Employees. Standing – John Leonard, Steve Fitzpatrick, Mike Bradstreet, Ken Albert, Gary Gerow, Steve Sutter, Paul Smith, Lou Shumaker, Don Garrison, Jerry Bacon and Bob Lord.
JCAHO MOCK SURVEY – Part TWO (part one appeared in our last newsletter)

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 (selected at random) of questions which may be asked of your employees followed by sample answers:

Q: Are written criteria used to identify and inventory hazardous materials and wastes used or generated by each department/service?
A: Yes, chemical inventories are periodically performed by each department that has or uses chemicals, and this process is coordinated by the Safety Coordinator.

Q: Is there a program in place to handle and dispose of chemical waste, chemotherapeutic wastes, radioactive wastes, and infectious wastes – including physical hazards such as needles?
A: Yes, there are programs for each waste stream. These waste management plans are located in each department’s safety manual.

Q: If you are a user of hazardous materials, can you accurately describe the program and its goals?
A: Yes, all employees can outline the essential elements of the hazardous materials management process. They are able to describe acquisition, distribution, use and disposal controls (known as “cradle to grave philosophy”).

Q: Do you know what categories you/your employees fall under in determining exposure risk to bloodborne pathogens?
A: Most maintenance personnel would be considered either a category 1 or 2 (potential risk) employee. The Hospital’s Exposure Control Plan (in the Infection Control Manual) should define this by job class number and job title.

Q: Do you know how to properly perform the “Handwashing Technique?”
A: • Wet hands under running water (warm preferred).
    • Use adequate hand cleanser.
    • Vigorously rub onto all surfaces of hands for 15 seconds.
    • Rinse hands; avoid splashing.
    • Do not allow water to run down arms; keep hands down to allow water to run into sink.
    • Dry thoroughly with paper towel. Discard wet towel in container provided for that purpose.
    • Use clean, dry paper towel to turn off faucet. Discard towel in container provided.

Q: What does the phrase “Utilities Management mean to you?”
A: Generally speaking, it is the process of monitoring and maintaining essential building systems.

Q: Does your organization have a life safety program? If so, please describe it.
A: Yes. Our program is designed to protect patients, personnel, visitors and property from fire and the products of combustion and to provide for the safe use of buildings and grounds. The Life Safety Code has two major requirements:

1) that a building is designed, constructed, and maintained with the capability of being fire safe; and
2) there are trained staff who are prepared to utilize the fire safety components or systems within the building.

Studies of peak performers conducted by Sarah and Paul Edwards have shown that people who produce extraordinary results have five traits in common. They are:

■ Remain relaxed under pressure.
■ Function in a high-energy state.
■ Stay Focused intently on their desired outcome.
■ Expect a positive outcome.
■ Stay fully focused on what they’re doing. They do not become distracted.

The best news is that you can learn these techniques. A good resource is the book “Making It on Your Own”, by Sarah & Paul Edwards, Jeremy P. Tarcher, Inc., 5858 Wilshire Blvd., Ste. 200, Los Angeles, CA 90036.

Communication Briefings 9/93.
If you were fortunate enough to attend the fall seminar in Burlington, VT, you had the opportunity to listen to a gifted motivational speaker, Chuck Reaves. You may recall Chuck recommending the book "Moments of Truth" by Jan Carlzon. This 135 page paperback is a quick read written in an anecdotal and entertaining style.

Carlzon is the President of SAS (Scandinavian Airlines), and is the driving force behind that company's amazing turnaround – from a faltering airline $20 million in the hole in 1980, to a wildly successful airline with increased earnings of $80 million – within one year under Carlzon's stewardship. This success is even more impressive considering the slumping economy of the early 80's which resulted in the combined losses of almost $2 billion for other international airlines.

How did he do it? Well, he made some mistakes at first, but eventually he hit upon a bold management philosophy which allowed his company to become customer driven instead of product driven. He and his management team established some well defined objectives and then empowered the people on the front lines to do anything possible to achieve those objectives – even if it meant breaking the rules at times. Each employee became personally responsible for finding a solution to any problem which was brought to his or her attention. This philosophy is radically different from most management models which use a pyramid structure. Carlzon clearly explains how his company proceeded to "flatten" the pyramid by decentralizing responsibility.

After reading "Moments of Truth" it is hard not to be convinced of the wisdom behind Carlzon's unconventional style. While airlines and health care institutions are very different, in many ways they are very much the same. As with airlines, health care customers are concerned with personal comfort, punctuality, friendly service, and the little extras that turn their experiences in our institutions into positive ones. This book will give you some clues about what areas in your own hospitals might benefit from decentralizing responsibility.

"Moments of Truth" is sure to inspire at least one innovative idea about how to do your job better, and is likely to have you viewing your employees' contributions in a whole new light.

"An individual without information cannot take responsibility; an individual who is given information cannot help but take responsibility."

In closing, I will leave you with one quote from Carlzon which succinctly summarizes his philosophy: "An individual without information cannot take responsibility; an individual who is given information cannot help but take responsibility."


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**GETTING YOUR WAY AT WORK – Learn to turn things around with a question.**

Two top American business consultants have written a book called "What to Ask When You Don't Know What to Say", with the subtitle "555 powerful questions to use for getting your way at work". Asking questions when you find yourself in a bind is an often used skill employed by top managers. Here are some caveats from the authors:

- **Avoid** asking a question with demeaning tone or intent.
- **Questions work** when they solicit another's honest, spontaneous response.
- **Never** ask a question in an attempt to manipulate, control or "play" with the other person.
- **Be sure** to listen to the answer after asking a question.
- **Don't** turn a question into a speech.

*Communication Briefings, 9/93*
Congratulations to the Vermont Hospital Engineers for a very successful fall seminar. I regret I was not able to attend, however, those who attended had the highest praise for the event. The financial success of the seminar also puts the Society in a very healthy fiscal position.

At the September 1993 Board Meeting the Treasury was $50,088.40. During September and October expenses exceeded income by $1,056.05 – leaving the Treasury at $49,032.35.

Bills to be paid for the period from September 1 to October 31, 1993 amount to $15,761.05.

Fiscal Year 1993 was once again a very profitable year for our Society. Each of the three major events resulted in a net profit. The combined net income from the Membership Drive and the two seminars was $28,862.68. There are additional expenses expected for the Fall Seminar, but the income to date is $22,995.69.

I want to thank all Board Members for helping to make this a successful year. As I prepare to leave the Treasurer position for that of Vice President, I want to wish Barney Bolton good luck as he nears the completion of his term as President, and thank him for a job well done. As always, my participation on the NEHES Board is personally and professionally rewarding, and I will do the best job possible in my new capacity.

ASHE REPORT Submitted by Bob Loranger, ASHE Liaison

ASHE has recently absorbed two staff members from AHA’s Division of Clinical Services. The individuals are expected to add value to ASHE’s present “Health Technology Assessment and Clinical Engineering and the Planning, Design and Construction Section”.

Another staff person has been added to ASHE to provide logistical support for seminars and conferences. The notion is to bring all exhibit management functions “in-house”.

Forty-four new members from our region joined ASHE this year.

The Fall ASHE Board Meeting was held in October in Lake Tahoe. Some items of interest which came about at that meeting are as follows:

New Membership Service Offered

The Board approved a measure aimed at allowing members to have a waiver of dues if they should become unemployed. Unemployed members would remain active members of ASHE for a maximum of two years, with no charge for dues while unemployed. To qualify for the benefit, they would have to be actively seeking employment in the health care facilities management field, and could not act as consultants to hospitals during their job search. The dues waiver would be administered in six-month increments. For more information contact ASHE headquarters at (312) 280-6140.

ASHE Activity Update

Two major items of interest to the ASHE membership were discussed in detail at this board meeting. First, the society has approved a proposal to conduct a national staffing level study to help members better understand staffing levels in relation to facility maintenance. Phase I of the project will be development and testing of the survey instrument. This is expected to be completed by the end of February, 1994. And, the society has begun experimentation with an on-line electronic communication system with several different features for the membership. Phase I of this project includes development of a survey instrument to determine what features members desire, and to collect preliminary feedback on what information members would like to electronically access. This phase will be completed by the end of February, 1994.

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**HANDLING CONTROVERSIES**

When controversies arise (and they will):

- **Meet with the people** involved to gather facts and hear how they feel. Ask open-ended questions.

- **Focus on the facts** you’ve uncovered, not on personalities. Avoid taking sides or giving the impression of taking sides.

- **Devise a number of possible solutions.** Why: Proposing new solutions helps those involved to avoid adopting a win/lose mentality.

- **Clarify and summarize** all the conflicting positions before ending a meeting. When emotions are high, people don’t always hear everything that’s been said.
Maine – Don Garrison reports that the Maine State Hospital engineers met in Augusta on October 21st. They had lunch at Bonanza and gathered for a presentation by the new President. Jerry Bacon gave a presentation on the author Steven Covey’s “The Seven Habits of Highly Effective People.” For anyone that hasn’t read this book, it is an exceptional read on how to become a better manager.

Several new members were present and everyone had plenty of opportunity to discuss problem areas they are confronting at their individual hospitals.

Don Garrison and Bob Lord discussed this year’s NEHES seminar that was held in Vermont. There was a considerable amount of interest and it looks like some engineers that didn’t attend this year’s seminar will be going next year.

The next meeting for Maine’s Hospital Engineers was scheduled for November.

Rhode Island – Ken Boyer reports that a meeting of the Rhode Island Hospital Engineers was held on November 12 at Women & Infants’ Hospital.

Ken shared with his group what took place during his hospital’s JCAHO survey in October. Ken applauded the assistance he received from Jerry Ilaria from Quality Safety Systems.

Following is an excerpt of Ken’s account of “the walking tour”: “He checked by taking numbers, from about 10 pieces of electrical equipment at various locations on each floor. Then asked to see them on an equipment inventory list. He also wanted to see a record of service performed. He asked if there was an inventory of equipment other than patient related.

He looked for penetrations above the ceilings and at times wanted to actually see a fire damper in a fire rated wall.

He examined fire extinguishers and hoses for dates of last inspection and pressure testing.

He checked gaps in smoke and fire doors. The gap in one door was found to be excessive.

He also noted that four doors did not latch positively. One was a linen chute. He indicated that the users should have sent a work order to have it repaired.

At a number of locations he paused to look to see if there was two means of egress (exit signs). As a result he wanted three additional exit signs installed and had us paint a directional arrow on an exit sign in one stairtower. One other sign was found to be burned out.

In two telephone closets he noted electrical conduit not sealed.
Cortina Inn in Killington. Tobey Clark and the clinical engineers at the University of Vermont's Technical Service Program (TSP) put on an educational seminar covering compliance with OSHA's chemical hygiene laws. Mr. Fred Satnik from the State of Vermont's Department of Health gave an overview of the requirements that apply to hospitals on the proper management of ethylene oxide, formaldehyde, glutaraldehyde, xylene, nitrous oxide and anesthetic waste gasses. The second half of the day was devoted to engineering controls for tuberculosis isolation.

Middle-Mac Hospital Engineers Group — Ted Rademacker, President — Holy Family Hospital, Methuen.

Ernest would also like to welcome some new NEHES members. They are:

Richard Coulter, Hubbard Regional Hospital, Webster
Tom O'Sullivan, Bay State Medical Center, Springfield
Kevin Desrosier, Cranberry Specialty Hospital, Middleboro
David D. Asselin, Soldiers' Home, Holyoke
Mark Armington, UMass Medical Center, Worcester
Allan W. McClure, Jr., UMass Medical Center, Worcester

Plans for the 1994 Fall Seminar to be held in Sturbridge are well underway with Tom Whittaker from Bay State Medical Center acting as Chairman. Your help and input are greatly appreciated. If you would like to offer assistance, please contact Tom at (413) 784-5887.

Ernest reports that effective October 1, 1993 The Cooley Dickinson Hospital, Northampton, MA, and Mary Hitchcock, Lebanon, NH are formally affiliated. The new entity is now organized as the Hitchcock Alliance. This is purportedly the first affiliation that has taken place across State lines.

The Glover Memorial Hospital has been offered for sale by the Town of Needham and several neighboring hospitals are actively bidding for it. Ernest will be serving for another year as the Massachusetts Rep. to NEHES. Tom Whittaker is the alternate.

A reminder that a number of Mass. members are in arrears. Prompt attention to this matter is appreciated.
Introducing a new feature of the NEHES newsletter! Connections is our new forum for the exchange of useful information. Don’t want to write a whole newsletter article, but you found some innovative way to save money or troubleshoot a problem? Jot it down and send it in. We will gladly pass along your helpful tips. Or, if you have a question you would like to pose to the membership, send that in too. Connections will try to solicit answers for you and will print them in upcoming issues. Submitting a tidbit to Connections is a painless way to get involved with the newsletter. Remember, this newsletter is for you. Get involved today!

Our first “Connections” entry comes from George Silva at Bradley Hospital in East Providence, RI. He wrote to let us know the following: “Bradley Hospital was having a problem with our corridor fire doors that are held open with magnetic devices. Whenever we experienced a power loss or “brown out” as the electric company calls them, these magnetic holders would silently release the doors causing, on occasion, a situation where people passing through the doors (unaware that they had been released) were being hit by the door.

Using a series of electronic components, Rick Boragine, our maintenance electrician, was able to design a system that stores power when the power is on. When the power fails and the doors release, this stored up power is used to sound a series of beeps that last approximately the length of time it takes the doors to close. This beeping sound alerts people passing through the doorway that the doors have released and are closing.

The new system has been installed on all the corridor fire doors on the first floor of our main building where most of the traffic exists. If this proves to be an effective way to alert people of the closing of the doors, we will be installing this system on all our floors.”

Thanks for the tip George!

SUBCONTRACTORS – Some guidelines for appropriate behavior may be a good idea

Submitted by George Silva, Bradley Hospital, East Providence, RI

Bradley Hospital in East Providence, RI, has found it a good practice to have a written summary of rules & regulations to give to subcontractors that outlines appropriate behavior when they are on hospital premises. Of course, each hospital has individual and specific concerns. Following are samples to consider:

Contact Personnel: Bradley Hospital provides the names, telephones extensions, and beeper numbers for its key contact personnel, primarily George Silva as Director of Maintenance/Services, and Dave Carpenter as Maintenance Foreman.

Smoking: The hospital has a no smoking policy that forbids smoking in any of its buildings. Smoking is allowed outside the buildings, away from patients and non-smoking employees.

Confidentiality: For reasons of confidentiality, there can not be any recognition, association or contact of any kind between patients and construction personnel.

Obscene Behavior: Obscene behavior or obscene language of any kind will not be tolerated within the grounds or buildings of the hospital.

Harassment: It is the hospitals’ policy to ensure that the workplace is free of any form of harassment, whether sexual or otherwise. Engaging in sexual or any type of harassment is considered just cause for disciplinary action and removal from hospital grounds.

Alcohol: Being under the influence of, or in the possession of alcohol by anyone working within the grounds or buildings is prohibited.

Illegal Drugs: Participating in any way in the use, sale, purchase, transfer or possession of an illegal drug by anyone working within the grounds or buildings of the hospital is prohibited.

Hospital Telephones: Use of the hospital telephones must be limited to calls involving hospital business.

Safety: All workers shall comply with all federal, state and local laws, regulations and ordinances concerning safety in the performance of their work and maintaining their work site.
DEBUNKING THE MYTHS OF MEDICAL GAS SYSTEMS

Apparently there is a tremendous amount of confusing misinformation being circulated to all healthcare facilities regarding the routine maintenance of medical gas systems. Bill Frank of Wm. G. Frank Medical Services, attempts to clear up some of this confusion for us.

The formation and implementation of a safe and economical program is not a costly and exotic project. Every medical gas systems is comprised of the following:

1) A source of supply – bulk tanks, manifolds, compressors, pumps, etc.

2) A piping network – pipes, valves, alarms, outlets, etc.

SOURCE MAINTENANCE

Bulk Systems – The owner of a bulk supply source is responsible for its maintenance. Generally, systems supplying liquid oxygen, liquid nitrous oxide, and liquid carbon dioxide are owned and maintained by the company supplying the produce, with documentation supplied to the facility. Maintenance should include annual master alarm actuation and leak testing.

Manifolds – Manifolds for gaseous oxygen, nitrous oxide, nitrogen, carbon dioxide, medical air, etc., are usually customer owned. Some manufacturers of these devices include routine maintenance lists in the repair manuals. Others only list procedures for repair in the event of failure. Routine maintenance would consist of assuring that the pressures and changeover functions are within design parameters and the manifold is leak free. By physically manipulating the changeover systems, alarms can also be actuated.

Pumps and Compressors – Air compressors and vacuum pumps can be tested for proper alternation and on-off cycle pressures then repaired according to the manufacturers’ specifications.

As with all operating equipment, record daily and weekly operational readings. This will greatly assist in predicting maintenance requirements.

PIPING SYSTEMS MAINTENANCE

After the initial listing is made of all outlets, alarms, zone valves and service valves, the facility may be divided into areas for ease of maintenance. The work does not have to be done in one massive effort. Remember, this is routine maintenance. Initially, determine the normal flow rates for all pressure gas and vacuum outlets. Flow rates may vary according to manufacturer or model, but variances of flows in similar outlets should be investigated (defective parts or foreign materials may be the cause.) Check all latching mechanisms or outlet threads.

Area and master alarms should be tested for electrical integrity every three months and actuated by pressure changes annually.

Zone valves should be inspected for external and internal leakage. Pressure tests detect internal leakage. There are usually periods when various areas are free of patients using the system. This is the ideal time to perform pressure tests. Pressure testing requires the assistance of the Respiratory Therapy Dept. to shut down the area. Leakage in the zones may be caused by defective secondary equipment. External leakage will be detected by spraying zone valve with a soap, water and glycerin solution.

All work should be documented. Reporting by exception is acceptable.

A one time test for particulates is advisable. If particulate matter is discovered, that specific area or system should be purged.

Basic guidelines may be obtained from various chapters and paragraphs of NFPA 99, 1993 edition and from JCAHO.

If you have questions call:

Wm. G. Frank Medical Services at (800) 752-6596
AHA – Doug Erickson at (312) 280-6101
JCAHO – Ode Kiehl at (708) 916-5760

MISCELLANEOUS

Quote of the Month

“Insanity is doing what you’ve always done, and expecting different results.”

– Anonymous

Tips of the Month

■ Don’t miss a chance to turn a negative for your patients into a positive. Example: A sign displayed in a Hong King shopping center read, “This escalator is temporarily a stairway.”

■ Keep backup copies of all office manuals at home on disk as part of your disaster recovery plan.

Source: Communication Briefings, 9/93
NEW ENGLAND HOSPITAL ENGINEER’S SOCIETY

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Check out our new
Information Exchange
"Connections" on
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