Engineers and Colleagues Remember Jim Lawson

James Max Lawson, Sr., 69, a VHES charter member and former NEHES president, died May 27 after almost 30 years of service to his profession and to the Medical Center Hospital of Vermont, now part of Fletcher Allen Health Care.

Jim was a charter member of VHES, a state representative, treasurer, vice president, and president of NEHES; and was elected to offices in the National Association of Power Engineers. He held many offices in ASHE, and was awarded a special ASHE fellowship. He was also a lifetime AHA member.

Born on the family farm in Websterville, VT, Jim helped his family supply dynamite to granite quarries before leaving Vermont for Coast Guard duty. After finishing school, he worked for the Trane Corp. in New York and Wisconsin. His wife, Carole, son and daughter were happy to return to Vermont, where Jim’s love of trains and the City of Montreal often took them north visiting railroad yards. “He was a very special man and he loved his field,” Mrs. Lawson said.

He joined MCHV as chief engineer in 1962 and retired in 1991 with the title of director of Facilities Management. During his tenure, he helped oversee construction of the hospital’s $43 million expansion project in the 1980s, dealt with asbestos problems, city, state and regional review agencies, converted the institution’s air conditioning from a water-based system to heat absorption, and was instrumental in resolving a Legionnaire’s disease problem at the facility. To help staff and visitors find their way through the new, larger hospital, he helped install a blue line way finding system on the floors themselves, along with building directories.

Both employees and managers enjoyed working with Jim. Employees talked about his interest in their careers and his engineering abilities, while supervisors praised his dedication and hard work.

“He was absolutely a great guy. He did a lot for my personal career,” said Dave Keelty, Fletcher Allen’s Facilities Management director. “He made sure one kept on track and very vigorously promoted your personal improvement. He made himself and the resources available for me to continue my education and training.”

“Jim did a commendable job foreseeing the hospital’s needs into the next century,” said Ralph Henry, who also worked for Jim. “He was a good engineer with a lot of good foresight. He represented the department to the outside world and upper management. He wasn’t a race horse, but he always got the row hoed.”

“He was excellent to work for,” said Jim Harvey, who retired from FAHC last month. “He was a perfect gentleman. You’ll probably never find anyone like him. He was a once-in-a-lifetime boss. He had a way with people and the ability to get along with people.”

George Verdon, FAHC’s director of Facilities Planning and Development, was Jim’s supervisor. “He was an expert in his field and very well known in the professional arena. He had a tremendous way about him in dealing with people, a calming influence in what at times could be a very hectic atmosphere. I considered him a friend beyond a co-worker.”

Jack Gosselin, now a NEHES engineer from Day Kimball Hospital, Putnam, CT, met Jim when he worked in northern Vermont. “I wondered how I would ever survive the isolation socially and professionally in a town a mile from Canada. In short order, I received a call from a Jim Lawson from a mega hospital in Burlington welcoming me to the state and the industry.”

Jim invited him to VHES and NEHES meetings. “Jim gave me and many others the initial opportunity to grow in the profession through the networks available in the state and regional societies. He will long be remembered in New England as a competent engineer, a dedicated professional, and a great person.”

Watch for Your Fall Seminar Registration Package

Look for your Fall Seminar registration materials around the last week of August.

Mark English, Seminar chairman, reminds members to make hotel reservations at the Radisson New London Hotel, New London, CT as soon as they can after receiving their materials.

Reservations made after October 8 won’t be guaranteed at the special convention rate. If the hotel is full, members will have to find another hotel, Mark said.

The Fall Seminar will begin October 29 (evening registration) with scheduled events October 30-November 1. More than 65 vendors will participate, as well as sponsors of activities such as raffles and special materials distributed at the meetings.

Vendor Slots Still Open

Jack McCarthy, exhibit chairperson, invites NEHES members to call him with potential Fall Seminar vendors.

The Connecticut Hospital Engineers Society wants to have 68 vendors at the Seminar, and needs your help. The committee also needs names of a firm or group that might want to sponsor a dinner, speaker, or social event during the Seminar.

So far, 26 vendors are committed. The Fall Seminar is working with lists from the 1995 NEHES Portland program, ASHE’s Orlando Conference, and the 1994 CHES dinner and seminar.

If you have favorite vendors you would like Jack to contact, call him at (860) 827-4804 as soon as possible.
NEHES Engineers Survive Their Surveys

Although JCAHO survey standards have changed drastically in the past two years, NEHES engineers say the new Environment of Care methods are fair and helpful.

The survey (as JCAHO prefers to call it, rather than audit) doesn't have to bring an organization to its knees in panic, as these NEHES engineers report.

Maine Medical Center
Portland, ME
Roger Boyington, assistant director of Engineering Services, just went through his second survey. "At my first one, I'd been here a week. I couldn't panic because I didn't know anything about it."

Early preparation for each inspection, which comes every three years, is critical. "Don't delay in preparing the Statement of Condition. The JCAHO wants you to prepare it six weeks before they get there. That's not enough time."

Roger and his staff started work as soon as the new standards came out last year. With 10 interconnected buildings and almost one million square feet, built in stages from 1870 to 1990, he didn't dare to delay. "We found 735 individual discrepancies and we had to come up with plans to correct each one. In talking to other engineers that is not an absurd number in a facility of this size. We had to get budget estimates for each one, a schedule for fixing each one, who was fixing it, even deciding are we fixing each one. This process will take less and less time before each survey."

Everything the hospital had done for previous surveys was replaced. "Our previous programs didn't meet the requirements they were looking for. The JCAHO uses NFPA guidelines, and it's very clear what they are looking for."

The hospital formed a committee of six staff members to oversee corrections. The group wrote a computer database program to divide up the workload and avoid duplication. "None of us had any database experience, but this made the completion of information a lot easier and cut down on the amount of rework," Roger said.

He offered more advice for other engineers:

- Make sure you're doing the right things.
- Get ready when you're done.
- Use common sense correcting discrepancies.
- Don't go overboard in ways that won't give you a lot of benefit back. Look at what you're doing. Does it meet JCAHO's intent? Are you too far on one side or the other?"

- The life safety aspects of your organization are critical. Prepare employees in all departments for surveyors' questions. Inspectors randomly asked Maine Medical staff members on how they could prevent infant abduction or if visitors are violent, who do they call if there's a fire in the trash can, and other questions.

- Know the standards well. One of the four surveyors assigned to Maine Medical recalled a standard incorrectly. "Don't be hostile if this happens. At our suggestion, he checked the manual and he was mistaken."

- Set up a room for surveyors, who may be there several days, and put all the documents they've asked to see in the room ahead of time.

- Prepare a presentation package. "We made up a sample book for all the programs they say they would look at, including utility management, life safety management, safety management. I have about 1,500 pieces of equipment in our preventative maintenance program. We brought up some of the records, photocopied them, and set them up in the book. The inspector said they were fine, and said he'd assume the rest were fine. This way, you pick what to put in the book. If he asks for things, he's going to pick. It puts you on the defensive."

Roger gave the JCAHO's new methods a high mark. "The changes are in a positive direction, once everyone gets used to them. It makes the inspections more clear cut, and there is less ambiguity. Before, things sometimes seemed to be up to the individual inspector's discretion. The surveys really do force you to look at your programs."

Springfield Hospital
Springfield, VT
Two surveyors visited Springfield Hospital in April.

"Before, they would sit down with a mile high pile of books, review them, then talk about them," said Norman Welch, director of Engineering. "Now they want to talk with whoever ran the program, find out how it ran, and talk with staff to see what actually happens."

Engineers should offer success stories. "Say 'these are the things we said we would do, we found these issues, we have done this to correct them or make them better,' and offer some sort of measurement - decreased incidents, increased patient satisfaction. Sometimes they want to see the documentation, other times they just want to talk about a program." Norm also advised engineers:

- Getting ready is a year's process.
- "Try and put your best foot forward. Have some examples in mind for each area identified in the standards. When the questions come, you've already anticipated them. Look at the areas as, 'how am I going to show us in our best light, not just how we meet the standards.'"

- Use the same problem-solving process throughout your organization. "If you solve problems in all areas the same way, they get the sense you have a mechanism in place, that problems don't just die."

- Engineers are health care providers. Present yourself as doing a good job. "Smile, saying 'this is fun. I enjoy it,' goes a long way."

- Take an active role in the process of the survey. If in doubt, ask inspectors how they would solve a problem.

Day Kimball Hospital
Putnam, CT
Jack Gosselin, vice president, Facilities Management, also prepared for a recent survey. His suggestions included:

- Find discrepancies before the surveyors do. Record them on the JCAHO's Statement of Condition form you get before your survey.

- Have a CAD employee shrink layer buildings plans to 8 1/2 x 11 sheets and mark discrepancies with colored dots. These plans make surveyors' jobs easier when they tour your facility.

- The JCAHO doesn't expect you to fix every discrepancy before it visit, but it does need to know that you've found the problems and your timetable for correcting them.

- During the Resource Allocation/Planning Conference, have the CFO be aware of the Part 4 projected expense because this is funding that must be committed to this purpose, not just a capital project request.

- The initial organizational document review should present EC 13-EC 1.9 management plans only. These "repackaged" policies and procedures should contain mission, objective, design and technical implementation of the standards. "I compare these plans to a sales brochure of our EC efforts versus the detailed owner's manual reviewed at the separate EC document review later in the survey."

Management plans should only be detailed enough to give the survey team an understanding of the implementation process of the program to use as a guideline for verification of staff knowledge as they tour.

- If your facility has a construction or major renovation project in progress during the survey, it will become the focus of much of the scrutiny. Surveyors will cover Life Safety Committee issues as well as ask departments involved in the project to describe their role in the design and implementation of interim life safety measures.

Surveyors gave him this advice:

- Utilize board members in disaster drills to give them insight into hospital issues.

- Have Safety Committee chair personally give the annual effectiveness report to the board.

- Speak the Quality Planning language and provide examples of performance improvement effort within your department.

Saints Memorial Medical Center
Lowell, MA
John Crowley, director of Facilities, said the three surveyors assigned to his hospital "weren't trying to be just critical, they were trying to be more constructive and evaluate how the hospital was complying with the standards."

Each inspector, he believes, tends to concentrate on certain areas. He advised engineers to find out who their inspectors will be and contact hospitals they've already surveyed to see how they emphasized certain areas.

Facilities' staff training, documentation of training, and participation in quality improvement activities are important to the JCAHO.

"They emphasize the need to have quality teams more in the clinical areas, but Facilities should be at least in the educational phase so employees are learning the process and beginning to participate," John said.
The Top Six Problem Areas

Dean Samet, the JCAHO's associate director in the Department of Standards, listed the most common problems his surveyors find in health care organizations. These conditions would all receive a Type 1 recommendation from surveyors.

A Type 1 recommendation can be minor or major. "If it is a minor thing, they didn't quite have the programs covered," Dean said. "It's something we pointed out, we hope they rectify it as soon as possible, and at the time of the next survey we'll look at that again."

A significant Type 1 notation means that the surveyed organization must respond within 30 days or six months with a written progress report (WPR), or even go through another, more focused survey. In 1995, these were the most common problems and the percentages of all institutions having them:

- NFPA Life Safety Code deficiencies, 17.7%.
- Emergency drills testing life safety, such as fire drills, 9.7%.
- Problems with the Life Safety documented management plan for the Environment of Care that considers life safety, 6.6%.
- Medical equipment, maintenance, testing, and inspection, 6.1%.
- Exceptions to prohibition of smoking are authorized, 5.5%.
- Hospital-wide smoking policy that prohibits use, 5.2%.

The JCAHO began on its own to move toward the Environment of Care in 1994, Dean said. "The new standards replace plant, technology, and safety management standards. We went to more performance-based standards instead of more descriptive standards."

In addition to doing a quicker review of health care organizations' policies and procedures, he said, surveyors "go out on the floors and see if in fact the organizations are doing what they say they're doing."

"We have a much more intense focus on interviewing staff," he said. "The Joint Commission is trying to stay at the forefront of providing quality patient care through improved methodology and surveying."

He and his staff answer questions from engineers every day. "We're here to help them, we're here to clarify. This whole process is to provide good, safe care at their facilities."

Get Copies of ASHE Convention Programs

If you couldn't attend the ASHE convention in Orlando last month, you may be able to get programs from the presenters anyway.

Don Garrison is assembling a guide listing the 55 separate programs offered at the convention, with speakers' addresses and phone numbers when available. He will distribute a copy of the guide to each NEHES state chapter representative, who will then make their copies available to chapter members.

Don, Mark English, and Mark Capello represented NEHES, which Don said is "about the third largest chapter in the country" behind California and Arkansas.

More than 2,500 persons, including 1,200 engineers, spouses, and vendors, attended the week-long convention. The vendor show had 250 booths, with many holding new product demonstrations.

"It was wonderful," Don said. "You were kept busy all the time. At any one time, there were seven program sessions going on. Many of the 55 programs were on technical issues. There were also many on management issues."

Every engineer attending received a copy of each presenter's overheads. Presenters included several experts of national status, such as the board members of JCAHO, NFPA, and AHA.

11 Tips for a Smoother Survey

1. Know the standards well.
2. Start preparing EARLY.
3. Be accommodating and polite.
4. Give surveyors enough space, even their own room, to work in.
5. Put materials together in advance.
6. Coordinate your staff's pre-survey efforts.
7. Train staff; document the training.
8. Have an organization-wide problem-solving process.
9. Be able to cite examples when answering questions.
10. Get the names of your inspectors; call other hospitals they've already surveyed.
11. Be on the offensive, not the defensive, whenever possible.

Highlights of Survey Changes

1. Surveyors now enter data during the survey on laptop computers and give hospitals their preliminary survey results before they leave the site.
2. Final survey results from JCAHO no longer differ greatly from the preliminary results.
3. Engineers need to prepare a Statement of Condition, not a Statement of Construction.
4. Hospitals do their own searching for discrepancies before the surveyors arrive.
5. The JCAHO is concerned about total patient care and safety, not just how buildings are constructed.
6. Inspectors spend much of their time on impromptu questioning of staff members.
7. The JCAHO still wants to see policies and procedures, but more importantly wants to determine whether or not they have been implemented.
More Than 65 Engineers Hear Ron Cote

Engineers from all six New England states heard Ron Cote, principal safety engineer in the NFPA Engineering Services Division, review the 101 Life Safety Code for engineers last month.

The workshop was sponsored by NEHES and the New Hampshire Society of Healthcare Engineers. "Ron took a lot of questions and covered chapters 12 and 13 in fairly good detail," said Steve Cutter. "We try to do one of these workshops each year."


John Wright (left), Cheshire Medical Center, Keene, NH, gets more information from Ron Cote.

Tom Humphrey (left), Monadnock Community Hospital, Peterborough, NH, and Kurt Peterson, Cooley Dickinson Hospital, Northampton, MA, take a break.

Rick Bowen (left), Wentworth Douglas Hospital, Dover, NH, and Jim Woods, Concord (NH) Hospital, greeted engineers.

Equipment For Sale

Day Kimball Hospital, Putnam, CT, has several items for sale, including a chiller package with pumps, chillers, and water cooling tower, to be sold separately or as a package, and several other chillers and water pumps.

For further information contact Peter Gale, (860) 963-6313, or fax (860) 963-6317.

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