Get the Knowledge You Need to Do Your Job At Fall Seminar 1998

NEHES' first offshore Fall Seminar November 9-12 in Bermuda promises to be well worth the trip, offering several days of quality educational programming and extensive vendor exhibits at a five-star, oceanfront resort.

"Buildings for the Future - Setting the Standards for an Enhanced Healthcare Environment" will feature topnotch speakers addressing topics NEHES members say are critical to their professional success, said Steve Cutter, NEHES Education Chair and Energy Engineer at Dartmouth-Hitchcock Medical Center (Hanover, NH).

Members of the New Hampshire Society of Healthcare Engineers are planning the event. Tom Humphreys of Monadnock Community Hospital is overall chair. Speakers and topics will include:

- **Dean Summet**, Associate Director, Department of Standards, JCAHO. His job duties include the aiding of development

Northern NY Has Revitalized Engineers Group

Thanks to some northern New York State engineers, healthcare professionals in that area now have a growing, revitalized organization offering them and their colleagues networking and educational opportunities.

The group, known as the Northern New York Healthcare Engineers Society, could eventually become a NEHES chapter if both organizations’ bylaws are changed to permit this. Any New Yorker can join NEHES as a single member now.

Jack Gosselin, ASHE Region One Director and NEHES liaison, is helping the New Yorkers bring the former Capitol District Healthcare Engineers back to life. Other NEHES officers and committee chair are inviting the New Yorkers to NEHES seminars and meetings.

Impetus for the revitalization came from Edmund Lydon, Facilities Director at Champlain Valley Physicians Hospital (Plattsburgh) and a NEHES member. "I was sitting here one day feeling the need to get something going in this area. It's good to get together periodically, with all the changes in health care and in the New York State regulations."

Joe Glaski, Facilities Director at Glens Falls Hospital (Glens Falls), also thought a New York group was called for. Ed decided to send letters to all hospitals in an area extending from Plattsburgh to Malone and Albany to Schenectady, "the distances we thought people would travel," he said.

After an enthusiastic response, Joe hosted the first meeting in February. Meetings have been held ever since at different facilities, primarily near Albany. Usually, about 10 healthcare professionals attend.

The group is using the Capitol District bylaws and will hold officer elections soon. After that, it will officially be an ASHE-affiliated chapter. Organizers will look into teleconferencing some of their future meetings.

"We welcome their participation in NEHES activities," said Jack, Vice President of Facilities Management at Day Kimball Hospital (Putnam, CT). "Region One now includes New York, and much of my activity has been to cultivate dialogue with different chapters. We've sent mailings to the New York ASHE members for the NEHES Bermuda meeting in hopes they will participate. The newly-aligned ASHE region is working well, and everybody has the same goals in mind."

- **David Landman, R.A.,** Theriault/Landman Associates, "Is Your Hospital’s Infrastructure Infected With the Millennium Bug?"

Other Seminar highlights are:

-Huge vendor show;
-Panel discussion on NFPA and JCAHO issues, led by Dean Summet and Robert Solomon, with plenty of opportunities for

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Spring Seminar Beats Attendance Records

Whether it was the great speaker, the new location, the Maine chapter's hard work, the New York ASHE members' support, or the very relevant topic, Spring Seminar set an attendance record.

Between 110 and 120 members got "in depth and advanced training" on JCAHO standards from Fred Osborne, P.E., JCAHO clinical faculty member and member of its Healthcare Safety Committee.

"He did an excellent job of running through the accreditation process and the changes," said Steve Cutter, Education chair.

Mark English, NEHES president-elect, called Osborne's information "relevant - we didn't get bored."

Jeff Thomas and other Maine Hospital Engineers Society members organized the meeting. "Relocating from Boston to Lewiston was a major benefit," Jeff said. "The New York connection helped, too. Based on Rick Malmstrom's survey of interests, members wanted to hear this topic."

Theriault/Landman Associates, Simplex Time Recorder, Executone Healthcare Systems, and the William G. Frank Medical Gas Services Co. provided support. *(Photos, P. 6)*
President’s Comments

Thanks for Spring Seminar, Let’s Look Forward to Bermuda

I would like to start this column by thanking the Maine Chapter (especially Jeff Thomas) for a job well done at the NEHES Spring Seminar. The attendance of well over 100 was exceptional, setting what I believe to be an all-time record; the presenter was insightful, and the facility did a wonderful job with our accommodations. We will hopefully see some new members stemming from the attendees, all of whom were enthusiastic about the Seminar. It was great to see more than a dozen attendees from New York State! This is a relationship I hope we all will work to continue and grow.

Where can you get this kind of programming for the money? Only through a not-for-profit Society run by volunteers. Thank you to all our Board members who spend their time and energies working to make this the best Society available to the healthcare professional.

Vendors Wanted!
Here we are entering the summer season when we tend to slow down our pace a little as far as our Society’s programming is concerned. I don’t think this is going to be the case this year, though. There are chapter presentations throughout New England and the ASHE Conference, and we all need to keep the NEHES Fall Seminar on the front burner. To this end, I am asking you all to remember this conference when interacting with your vendors. No matter what size the vendor, we have something for them. The exhibition is still far by the best bang they will get for their buck spent!

They will never be able to go to a show in beautiful Bermuda for any less than for what our New Hampshire chapter has negotiated. If they are crafty, they may have used this show as an incentive within their business. They may use the time available at the Marriott, other than when our conference is going on, as a vacation for themselves. This includes three days prior to and seven days after the conference. The options are many, but the time is growing near.

Supporters’ Directory
For those vendors who simply can’t go to any conference at this time, we are offering the ability to put their business name in a directory of supporters for a fee of $100. This directory will be handed out to each attendee. It will not only contain information pertinent to the conference, but it will have enough good tables, charts, etc. that you will keep it in your desk as a reference.

For the healthcare professional who can’t get away but still wants to participate, we are researching teleconferencing at least the panel discussion from Bermuda. We will try a test of this program early this fall during a chapter seminar. We should be able to support four remote sites. This should cover New England nicely.

65% Returned Survey
Thank you to all the members who responded to the questionnaire sent out by our research chairman Rick Malmstrom. At about 65% returned, this is by far the best response to a fax I have ever seen. It is only through your input that we can offer the programming you feel is important.

(Kurt Peterson is the Project Manager at Cooley Dickinson Hospital, Northampton, MA.)

Get the Knowledge
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members to ask questions about their facilities and current issues;
-Golf tournament;
-Spousal program with ample time for local sightseeing and activities;
-Dinner dance with island theme and presentation by Anthony Verricchia, scholarship award, and other awards;
-NEHES annual meeting and past presidents’ breakfast.

If you haven’t received a Seminar registration package, call Mike Buxton, (603) 226-9800.

Members should reserve their place and spouse’s place immediately. Non-members may attend; $25 of their registration fee is applied to NEHES membership.

New Product/Services Guide
The NHSHE Planning Committee wants members’ support for a new project.
“We’ve come up with a new idea, a resource book called the product and services register,” said Jim Woods of Concord Hospital, Seminar Planning Committee member. “Any vendor, for a $100 fee, can have their company name, fax, point of contact, and major service or product listed in this register. Everything will be cross-referenced and easy to use. We’ll hand it out to every NEHES member through the state chapters.”

He urges members to request copies of a letter giving all the program details from their state chapter officers and hand it to vendors. If companies can’t attend Fall Seminar, the $100 fee will ensure that their information gets in the register. All proceeds will go towards Fall Seminar.

Other NHSHE members on the Planning Committee are Rick Bowen, Steve Cutter, Dave Fitch, Derek Seeley, Steve Shaw, and Dick Vargo.
JCAHO Update

Checkpoints to Help Get Ready for Your General Program Review

By Robert J. Thompson, P.E.
NEHES/JCAHO Liaison
Safety and Fire Protection Engineer
Lynnfield, MA

(Author’s note: Late in 1997 JCAHO surveyed a number of New England hospitals belonging to a multi-site healthcare organization. This writer participated in six of those surveys. The following is a sample of the issues that received emphasis by that particular surveyor during the documentation reviews. One must realize that there is variability among the surveyors, so emphasis is a personal matter to a degree. Please call me at (781) 687-3050 for more information.)

The program person responsible for each of the seven EC program management areas — Security, Safety Management, Equipment, etc. — needed to be present during the review and to be able to present his/her program review.

For each of the seven EC program areas the surveyor wanted to know if there was planning, implementation, indicators, evaluation, goals, etc. He wanted to see evidence of annual reviews in all seven EC program areas.

Deficiencies from the previous survey were reviewed to establish current status.

Process, not detail, was emphasized by this particular surveyor.

EC indicators must be in place/ready to discuss (seven program areas).

This surveyor wanted the Plan for Improvement (Statement of Conditions Part IV) to be limited to those items not yet corrected.

Although outpatient clinics are classified as “Business Occupancy” by the Life Safety Code and require fire drills “when practicable,” JCAHO has mandated quarterly drills (one per shift). The JCAHO is currently reconsidering this inconsistency and is expected to modify its approach.

The surveyor did not conduct a fire drill or a generator test.

What This Surveyor Liked or Encouraged

By Robert J. Thompson, P.E.

-Surveyors look for strong involvement in the Safety Program by the top management of the healthcare site being surveyed.

-The surveyor was anxious to learn about innovative activities/methods.

-This surveyor particularly liked a requirement (at one site) that each department conduct quarterly inspections and submit the reports to the Safety Committee.

-This surveyor suggested that each service establish a safety officer of the month (an opportunity for involvement through motivation).

-Surveyors seem to be impressed by quick fixes. Advice: Be responsive to opportunities to fix deficiencies and report corrections during the survey.

-This surveyor suggested performing some fire drills on weekends.

-Most surveyors like to learn and to teach as they survey.

Here’s a Sampling of Questions This Surveyor Asked

By Robert J. Thompson, P.E.

(Author’s note: A particular surveyor raised these questions during surveys I observed.)

Questions asked were:

To the Environment of Care Manager:
-What are you really proud of? (Wants to learn about your innovations even though this may take considerable time.)
-Who’s in charge of safety management? (Seeking the “doers,” i.e., the Safety Manager.)
-Does your fire alarm system automatically notify the fire department?

To the Safety Program Manager:
-You are responsible for all seven programs areas, aren’t you? (This surveyor saw the Safety Program Manager as responsible for all of EC.)
-Are generator tests current?
-How do you maintain interest (year after year) in safety training?

-What do you do when you can’t find a piece of equipment?
-Can you tell me the age of this defibrillator?
-How long do you keep your defibrillator batteries?
-Do you have any equipment under contract? What involvement do you have with this equipment? (Looking for quality control.)
-Do you have any loaner or “on trial” equipment? How do you handle that equipment?
-Do you know the age of your equipment?

To Utility Management Person:
-Describe generator testing practices.
-How do you measure effectiveness of utility system management? (One good

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This Chapter Counts Members From Every Hospital in the State

The Rhode Island Healthcare Engineers Society is lucky — at least one person from each of the state’s 14 hospitals has joined the group. In fact, a few large institutions have more than one member.

President Peter Grafe can remember when the membership outlook wasn’t as sunny. “Rhode Island was not always really strong. Ever since the early 60s, it had been strong and not so strong depending on who was heading it up.”

By the time summer of 1995 arrived, “no meetings were being held — it had all but died.”

Peter (Director of Facilities at Rhode Island Hospital, Miriam Hospital, and Bradley Hospital), Ken Soscia, Administrative Engineer at South County Hospital (Wakefield), and Ovide Bordeleon of Tiverton, RI (now retired) got together to rejuvenate the Society.

“We started trying to get some excitement going and getting some of the healthcare organizations involved,” Peter said, now serving as Society president. Meetings began in November, 1995, and the first task was to write bylaws.

Those were approved three months later and the first official election of officers followed in June. In addition to Peter, officers are: Ken Soscia, vice president; Wallace Brown, Facilities Engineer at Memorial Hospital (Pawtucket), secretary; and Philip Dinsky, treasurer; Director of Engineering at Kent County Memorial Hospital (Warwick). Bob Okerholm, Director of Maintenance at St. Elizabeth’s Home (Providence), is the state representative to the NEHES Board.

The 28 Society members meet monthly at each other’s facilities. “We’ve been very successful getting guest speakers as part of our educational program,” Peter said. “Usually, it’s a vendor in some area of interest. At one meeting, a Narragansett Electric representative talked about deregulation.”

Quality programming for members and expanding the membership are the chapter’s primary goals for 1998. Most of the Society’s members are directors or managers; many are NEHES members as well. They represent hospitals as well as a long term care facility and the Visiting Nurses and Hospice Care of Rhode Island. “We’ve tried to expand our membership,” Peter said.

After its reorganization, the Society’s most recent triumph was putting on the NEHES Fall Seminar 1997 in Newport. “It was good to see our Society a little stronger,” said Peter, who joined NEHES in 1986. “We wanted to make it something they wanted to remember, with a really prestigious golf course and nice hotel.”

Top Information Wants: JCAHO Issues, Year 2000 Compliance

Rick Malmstrom, Research Committee chair, has produced this graph showing members’ excellent response to the Membership Survey. Response rate was phenomenal — out of 174 surveys faxed, 112 members responded.

The top four topics members want to hear about are JCAHO-related issues, Year 2000 Compliance, Safety, and Utility Deregulation.

Two of these four — Y2K and deregulation — are new/current topics.

Many thanks to those responding and to Rick and the committee.

(Rick is the Plant Engineer at Boston Medical Center, Boston, MA.)

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2 Points were assigned to the Respondents' top choice when given; 1 Point to all other responses.
Is it Time to Open NEHES Membership to Service Providers?

By Dan Ayres

(Editors note: Dan Ayres, former newsletter editor and Vice President/Facilities Services at Fletcher Allen Health Care, Burlington, VT, left both positions April 10 for a new job in Maryland.)

This is my first and last column as the NEHES newsletter editor. I and other members of the Board are going through what many of you are also experiencing. I have left my position working for a Hospital/Integrated Delivery System Network, or whatever the current euphemism is being used. I thought my journey of discovery might be of interest to all of you, as you may also soon be at the same fork in the road.

The pressures of a dynamic and changing healthcare environment are taking their toll on our profession. It has been my experience over the last few years that the focus of many organizations is singularly on the core business and competencies and trying to save that margin so we may continue our missions.

This is a huge challenge for our institutions' leadership, so huge that it overshadows all other activities. We, the facility managers with many hats, are caught in the constant struggle of cost versus quality. Additionally, our energies are diluted by the multiple taskings layered upon us by the crisis of the moment.

It is my belief that during this period of turmoil, health care will need to be supported by more “cottage industry,” complementary services, augmented services or outsourcing — the evil dark empire. We are all seeing it, contracted project management, augmenting with manufacturers' service representatives. This is not unlike what has happened in the automotive industry, the computer hardware and software industries, and even in the military-industrial complex.

The use of support services in industry has saved those companies who, in the face of rapidly changing markets, have to focus on the prime business activity. Where we are members of large institutions with an economy of scale, there can continue to be internal services provided, or services centrally managed for multiple campuses and facility complexes. The smaller the institution, the more likely the move to “outsourcing.”

I also believe, like most of you I am sure, that the environment of care is best delivered by internal resources. Where the environment is so important to the primary business, an institution should want to ensure that quality and standards are upheld with an institutional culture of holistic care.

But the cost versus quality balance is hard to reconcile, especially when an organization gets behind the managed care curve. The best and cleanest way to deal with the paradox is on a contract basis, which can be done internally.

"...I would recommend that we continue to discuss the membership requirements for the Society, as more of us head on a course in uncharted waters..."

However, no matter how creative, how business-minded we as facilities professionals may be, the leadership of our enterprises cannot focus on these proposals. Their energies are sapped by the light speed changes occurring around our fortresses.

If possible, we should be moving to a commercial/retail model. Measure cost versus revenue per square foot and charge a rent to internal departments to help force business decisions.

However, as an internal advocate, your proposal will most assuredly need to be confirmed by some external consultant. I have come to the realization that as the pendulum continues to move to the right, I have become frustrated and unable to influence my organization as a healthcare professional in the facility discipline. I believe that I can best influence and help health care by moving to the edge or outside.

My investigation has revealed that as a contracted professional I will be able to focus on a defined scope of work for which the service, quality and cost are clearly laid out in a contractual agreement. Which, by the way, I have both recommended and would have readily accepted as an employee.

At some point the pendulum will begin to swing in the other direction, but it may be a new way of doing business entirely.

To this point, I would recommend that we continue to discuss the membership requirements for the Society, as more of us head on a course in uncharted waters. Just on the Board, there are perhaps a handful who have decided to go in untraditional directions professionally.

I would hope that we can open up the discussion of how those who have made these career decisions can continue to serve the Society in a supportive way. We are going to need each other more in the future than we have in the past. Remember that business, in the end, is about relationships.

Lastly, it has been a pleasure to have been associated with both the New England Society of Healthcare Engineers and the Vermont Society of Healthcare Engineers. I have received much more than I have given and I am grateful for the experience.

JCAHO

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answer called for follow up with customers to determine level of satisfaction. Another reply included providing a pre-addressed stamped envelope with a questionnaire.

Regarding generator tests, the surveyor went through the determination of 30% rated, highest actual connected load, and 50% of highest actual load, and then the evaluation of test loads based on records.

-How do you check for generator fuel quality?
-Do you have an emergency water source? What priority does your facility have for this supply?

To Construction Engineer:
- Are you aware of the recent changes in the ILSM requirements? (He was alluding to the change from requiring application of all ILSMs to consideration only of each of them.)

To Security Chief:
- What is your policy on use of weapons?
- If there is a bomb threat, what do you do?

To Telephone Operator:
- If there is a fire in Building A, what happens in this room?
- If there is a bomb threat, what do you do?

And, in Closing:
- Did you hear the good news?...JCAHO leaves on Thursday. (This concludes this JCAHO series.)
Important Dates
July 13-17
35th ASHE annual convention in Denver; theme is “Toolbelts to Technology; Transitioning to the Future.”
July 23
Deregulation Workshop - watch your mail or fax.
September 18
Teleconferencing of “E of C Responsibilities Relative to Sentinel Events;” whole new set of guidelines to follow/contact Rick Malmstrom, (617) 534-7812 or Steve Cutter (603) 650-7148; watch your mail or fax.
November 9-12
NEHES Fall Seminar 1998, Bermuda.

Deregulation Workshop
In response to member concerns about energy deregulation, NEHES and Select Energy are co-sponsoring a workshop, Energy Procurement Planning, Thursday, July 23 at the Sheraton Hotel, Needham, MA.

This workshop will prepare facility managers to negotiate in the deregulated energy market.

Education News
- Plans are in the works for a NEHES-sponsored healthcare mechanic certification program.
- If anyone has educational videos that they’d like to donate to NEHES, they should send them to NEHES Secretary Joan Harrigan, Facilities, New England Medical Center, 750 Washington St., Box 834, Boston, MA 02111. Steve Cutter is weeding out the NEHES video library and hopes to add new tapes to the collection, which members can borrow.

Watch your mail or fax for details!