Word of the New Designation is Spreading
Job Experience Helps 8 NEHES Members Earn ASHE Certification

More than 100 healthcare facility managers across the country are now entitled to use a new professional designation, CHFM, after their names. CHFM stands for (ASHE) Certified Healthcare Facilities Manager, meaning that the managers have qualified for and successfully passed a 110-question exam covering five job-related categories: Compliance, Finance, Maintenance and Operation, Administration, and Planning, Design, and Construction.

Although none received an immediate job promotion or salary increase because of the new professional designation, the NEHES members say it could help their careers in the long run, especially if they were job hunting or being considered for a position along with candidates without the certification. News that the designation is available has begun to spread, said Maribeth Casey, executive director of the American Hospital Association Certification Center (AHA-CC). She just received her first letter from a healthcare facility seeking names of newly certified engineers to interview for its open positions.

The new designees and their facilities are:
- Clifford J. Ashton, Director of Engineering, Middlesex Hospital, Middletown, CT;
- Steven D. Cutter, Director of Engineering, Dartmouth Hitchcock Medical Center, Lebanon, NH;
- Robert J. Falaguerra, Vice President, Plant Operations and Construction, St. Francis Hospital and Medical Center, Hartford, CT;
- James D. Gilmore, Director of Facilities Management, Newport (RI) Hospital;
- Frederick A. Leffingwell, Director of Engineering, Lawrence & Memorial Hospital, New London, CT;
- Robert A. Loranger, Director of Facilities, New England Medical Center, Boston;
- Patrick C. Taber, Construction Project Manager, Eastern Maine Medical Center, Bangor, ME; and
- Norman A. Welch, Director of Engineering, Springfield (VT) Hospital. (See the ASHE Liaison article elsewhere in this newsletter for a complete list of Region 1 ASHE members who are now CHFM-certified.)

continued on p. 3

NEHES Membership Drive 2001 Kicks Off: Let’s All Spread the Word About Our Affordable Dues, Education Programs, and Networking

By Jack Gosselin
NEHES Membership Committee Chair
Vice President of Facilities Management
Day Kimball Hospital
Putnam, CT

The success of any society comes through its members. NEHES is a successful society that offers its members tremendous value through education and networking.

In recent years, NEHES has observed a decline in its membership ranks for a variety of perceived reasons. Continuing education and membership dues cut backs, time constraints, and mergers have all had an impact on the number in our ranks.

Our goal in 2001 is to bring our membership back to over 400, and we are looking to all current members to help in this effort. Our dues are affordable, our educational offerings are timely, and the opportunity for networking is limitless.

We all know someone from a neighboring facility (acute or long-term care) who could benefit from participating in NEHES. Additionally, another staff member from your own institution may enjoy the benefits of our Society.

As our membership grows, we have a greater base for networking and increased revenues for education and member services. The Society also becomes more attractive to vendor support and sponsorship, which also adds to our growth.

During the upcoming year, you will be hearing more about increasing NEHES membership. Again, we can use your help. Membership applications can be obtained from Dawn LeBaron, NEHES Secretary, by calling her at (802) 847-0321, or via email, Dawn.LeBaron@vtmcnet.org. Feel free to contact me at (860) 963-6313 ext. 2353 or jgosselin@hnne.org with any questions or suggestions to related to our 2001 membership drive.

Spring Seminar to Present Not One, but Three, Education Topics

NEHES members and prospective members will gather Friday, March 30 at the Sheraton Four Points Hotel, Leominster, MA, to hear speakers address three important educational topics.

Organizers of the annual Spring Seminar have scheduled “Legionella in Health Care - Treatment Strategies,” to be presented by Dr. Janet Stout; “Developing an Infectional Control Risk Assessment Tool for Use in Selecting Engineering Controls to Be Used on Construction/renovation Projects,” and “Stress and Time Management.” The last two speakers will be announced soon.

Members of the New Hampshire Society of Healthcare Engineers are planning the event. All NEHES members will receive registration materials in the mail.

Chairperson is Stephen Shaw, Director of Engineering, Southern New Hampshire Medical Center, 8 Prospect St., Nashua, NH 03061, telephone (603) 577-2911; fax, (603) 577-5669; or email, stephen.shaw@snhmc.org.
Bob Loranger Hands Over the President's Gavel to Joe Mona

Bob Loranger, CHFM, the Director of Engineering at New England Medical Center (Boston), wrapped up his year-long term as NEHES President, and passed the gavel to Joe Mona, Director of Engineering at Lawrence (MA) General Hospital. Bob will continue to be involved in both NEHES and ASHE next year, as he has been for the past nine years, as well as with the American Institute of Architects (AIA) Steering Committee. The NEHES Newsletter interviewed Bob about his accomplishments as NEHES president, his professional affiliations, and the importance of the ASHE Healthcare Facilities Manager Certification Program.

In your year as NEHES president, the Society moved ahead on several fronts. What would you consider to be your key accomplishments as president?

We presented our two primary educational sessions, Fall Conference and Spring Seminar, and grew some relationships with some vendors and new members. We did not succeed as well as we had hoped in our membership drive, and that will be Joe Mona’s primary objective for next year. Jack Gosselin is chairing the Membership Committee, and Dawn LeBaron and I are helping him.

How will you be involved in 2001 with NEHES and ASHE?

I will be a co-chair of the Bylaws Committee. I am also working on a proposed joint membership fee program with ASHE. ASHE is willing to pilot such a program so that engineers could join both NEHES and ASHE for one fee.

What would you hope the future holds for NEHES?

Expanded membership and the continuation of its primary goal of education and assistance to engineers.

You have also contributed a great deal to ASHE, serving in 1999 as president. What do you feel your key accomplishments were as president?

I would say the expansion of advocacy activities, more involvement with regulations, and expanded staff services for members.

Would you encourage NEHES members to try to qualify as Certified Healthcare Facilities Managers through ASHE’s new program?

Yes, we need to educate engineers on the benefits of having this certification. By acquiring this certification, our managers can set themselves apart from other managers. Healthcare facilities management is such a unique field, and the exam is truly unique. Our members should be able to pass the exam with their expertise. Other managers cannot pass it.

Are you still a member of the AIA Steering Committee?

Yes, the committee will begin working late this year on a revised edition of the AIA guidelines for the design and construction of healthcare facilities. I will stay involved with the development of these guidelines for the rest of my career, another 15 years. The guidelines are revised every three to four years, and the next edition will be published in 2005. The Steering Committee manages the revision process and selects people for the Rewrite Committee. I chair the engineers’ group of the Rewrite Committee. This group has 300 volunteers, including clinicians, architects, and engineers, who meet on three separate occasions for several days. I will become one of the primary authors of the 2005 edition. The AIA publications set nationwide standards, endorsed by the federal government, for health care.

How has your work with AIA, NEHES, and ASHE helped your career?

It’s been very rewarding, and I am always learning new things.

Welcome to Several New Members!

NEHES recently welcomed four new members - one each from Connecticut, Maine, Massachusetts, and New Hampshire facilities.

Ron Hussey is the Plant Facility Manager at Bristol Hospital, Inc., PO Box 977, Bristol, CT 06011-0977. Contact information for Ron is: phone, (860)585-3228; fax, (860) 585-3939; and email, Rhussey@bristoshp.chime.org. Ron also belongs to ASHE and NFPA and lives in Farmington.

Dale Canning is the Director of Facilities and Safety at Bangor Mental Health Institute, PO Box 926, Bangor, ME 04401. Contact information for Dale is: phone, (207) 941-4050; fax, (207) 941-4444; and email, dale.canning@state.me.us. Dale is also a member of NFPA and lives in Eddington.

David W. Fowler is the Director of Facility Services at Anna Jaques Hospital, 25 Highland Ave., Newburyport, MA 01950. Contact information for David is: phone, (978) 463-1047; fax, (978) 463-1225; and email, Dfowler@ajh.org. He is a member of NFPA and AFE Chapter 37 and lives in Newburyport.

Scott Lever is the HVAC Specialist at Southern New Hampshire Medical Center, PO Box 2014, Nashua, NH 03060. Contact information for Scott is: phone, (603) 577-2920; fax, (603) 577-5613; and email, scott.lever@nhmc.org. He is a member of ASHRAE and lives in Londonderry.

Fred MacInnis Dies in Northampton

Frederick J. MacInnis, a former NEHES president and ASHE board member, died December 2 in Cooley Dickinson Hospital, Northampton, MA. Fred, 73, had served Cooley Dickinson as its Chief Engineer for 31 years before retiring in 1988.

He often attended meetings of the Western Massachusetts chapter of NEHES until five or six years ago, according to Ernest Margeson, Cooley Dickinson’s Director of Facilities. Fred was a longtime NEHES member and “one of the old timers in the business,” Ernest said.

Fred served NEHES as president and represented NEHES on the ASHE board. As Cooley Dickinson’s Chief Engineer, he was responsible for all major building projects. He was a former member of the Northampton Department of Public Works, serving for 16 years with two years as president. He served on Northampton’s High School Building Committee, Energy Resources Commission, and Waterways Commission.

Surviving are his wife, Elaine, four children, and six grandchildren.
New CHFM Members Say Certification Exam is Rigorous, Yet Fair

Continued from p.1

ASHE members and non-members may apply to take the CHFM exam. Fees are $175 for members and $250 for non-members. Frederick Leffingwell was happy to discover that his hospital’s tuition reimbursement program refunded his $175 exam fee.

Engineers interested in more information about the CHFM program can obtain the 16-page candidate handbook and an application form in one of three ways:

- By calling Applied Measurement Professionals, Inc. (AMP) at (913) 541-0400;
- By visiting the ASHE Web site, www.ashe.org, clicking once on the What’s New button at the top left of the page, and then scrolling down and clicking on Certified Healthcare Facility Manager Candidate Handbook;
- By requesting a fax, at 1-800-764-3294, Document number 431223. None of these three options require that an engineer be an ASHE or PMG member.

Some NEHES members who passed the exam did not prepare for it in advance, other than to read the handbook. Some spent less than two hours studying, others up to about eight hours preparing, they said.

"The exam relies primarily on job preparation and experience, but it was helpful to review various books and industry standards," Cliff Ashton said. "I just looked down the exam prep list and brainstormed each topic," Robert Falaguerra said. "The exam really depends on your overall education, credentials, and career experiences."

"I read the handbook but I didn't study," Jim Gilmore said. "If someone were really diligent, they could take the outline and study. Anyone working in smaller hospital settings where they're expected to be the Facilities Management technical expert, in many cases the sole expert, shouldn't have a problem with this exam."

Frederick Leffingwell planned to study from documents on the AHA Web site but changed his mind when he saw the large amount of material there. "I said, I'm going to rely on my experience and my 12 years in health care, either I know it or I don't."

NEHES members took the test for several reasons:

"I wanted feedback on my skill level compared with qualification criteria established by the exam. I'm not sure how the certification will help my career, but it certainly shouldn't hurt." - Cliff Ashton.

"In 1987, when I was ASHE president, I proposed a certification program. It took 12 years to materialize. I felt it was an obligation, an honor, and a definite plus to my credentials even if it would probably not advance my career at this point." - Robert Falaguerra.

"I have a habit of taking and/or participating in any professional related certification processes. If I found myself back on the employment market, I'd rather be the guy who has documented qualifications than the guy who doesn't." - Jim Gilmore.

"My degree is in business, not engineering, and I thought this would be helpful. It wasn't requiring a lot of my time and I was reimbursed for it. It shows you to some extent where your strengths are and the questions seemed fair." - Frederick Leffingwell.


"Recognition from my peers." - Patrick Taber.

"What I like about the certification program is the level playing field that certification creates. Just as a professional engineer (PE) demonstrates a level of engineering expertise, the CHFM demonstrates a level of expertise on the issues facing healthcare facility managers. The knowledge necessary to be successful in this field is a bit of a moving target given that the AHJs are always changing or adding to the requirements. This certification allows for the knowledge of a 100-bed facility manager to be compared to a 1000-bed facility manager. I wanted to take the test to legitimize my expertise. I expect that certification will be useful when I change jobs and in negotiation for salary." - Norman Welch.

Development of the new CHFM program began several years ago. A majority of ASHE's members voted in favor of the creation of some type of voluntary certification program. ASHE hoped such a program would encourage engineers to continue to grow professionally and provide a national standard of knowledge required for certification, to better assist employers, the public, and members of the health professions in assessing a healthcare facility manager's qualifications.

An ASHE-AHA Healthcare Facility Manager Certification Committee, consisting of 10 healthcare facility managers from across the country, was formed to study the feasibility of such a program. NEHES members Steve Cutter and Ron Vachon, Director of Plant Operations at St. Andrews Hospital and Healthcare Center (Boothbay Harbor, ME), served on the committee, as did former NEHES member Mark Cappello. The committee worked with AMP to begin the process of submitting information and task statements that tried to describe the various tasks and functions of facility managers in the healthcare field. An inventory containing 196 different tasks resulted.

The certification committee was later reduced to six members, including Steve, who refined and reduced the list of questions and assembled a draft exam taken by a sample group of engineers. The committee reviewed the results of the exam and removed or re-wrote questions that performed poorly. After the first 100 engineers took the exam, the committee reviewed the results, and established a pass/fail score.

According to the AHA-CC, certification is valid for three years. CHFM must then renew through re-testing or documentation of approved continuing education and payment of a renewal fee.
Engineers Call Fall Conference Sessions "Terrific," "Rewarding," "Pertinent," and, Above All, "Quality Healthcare Education Programs"

The Honorees...

Jack Gosselin (left), chair of the Engineer of the Year Committee, with Steve Cutter, the EOY for 2000.

Jan Jones and Bill Patrylo from Kinetic

From Thyssen Dover (left to right): Fred Pizzi, Mike LaRiviere, Tammy Ancerson, Ursula Guthrie, Dan Sullivan, and Michael Shihume.

(A Few of) The Supporters...

Winning a $2,000 NEHES scholarship each was a dream come true for Wentworth Institute students Darren Boston (second from left) and Nick Stewart (far right). With them are (left to right) Scott Lever, new NEHES member; their professor, Frank Nestor; and Steve Shaw, NEHES Scholarship Chair.

Members, guests, and vendors were all singing the praises of new NEHES President Joe Mona following the NEHES annual Fall Conference in Sturbridge, MA recently.

"Everything was excellent," said Bob Okerholm, Director of Maintenance and Security at Saint Elizabeth Home (Providence, RI) and NEHES President-elect. "Joe basically did much of the organizing work himself."

"I really found all the educational sessions very rewarding, pertinent, and interesting," said Dawn LeBaron, Director of Facilities Management at Fletcher Allen Health Care (Burlington, VT) and NEHES Secretary. "Just the interaction with other people is tremendous. I even brought two people from my former hospital with me, and they thought the conference was super."

"Joe did a wonderful job of creating a quality healthcare education program," said Steve Cutter, CHFM, Director of Engineering Services at Dartmouth-Hitchcock Medical Center, Lebanon, NH, and NEHES Education Chair.

Vendors, too, praised the conference. Many have already reserved exhibit space for the 2001 Fall Conference.

Major supporters of Fall Conference were Seaman Bratroko and Thyssen Dover Elevator, who co-sponsored the awards banquet, and George T. Wilkinson Co., which sponsored a social hour and band. Seaman Bratroko also offered a door prize of a short plane ride, which was won by new member Dave Fowler of Anna Jaques Hospital, Newburyport, MA.

Gold vendors were: Marshall Ernman & Assoc., Technology in Medicine, Simplex, Wrenn Associates, Triumvirate Environmental, Bread Loaf Corp., Seaman Bratroko, Barr and Barr, George T. Wilkinson Co., and Johnson Controls.

Silver vendors were: Thyssen Dover Elevator, Russel Electric, Northeast Door, Kinetic Biomedical, Energy Assets, BHV Integrated Services, Hill Rom, and T and L Associates.

Steve Shaw, Director of Engineering at Southern New Hampshire Medical Center (Nashua), headed up the golf tournament and the scholarship committee.

The Attendees...

Bob Loranger and George Hawley

Ed Boyer

Joe Mona

Bob Lord and Mark English

Dawn LeBaron and Bob Cummings

From Simplex (left to right): Jeff McKitterick, Jim Narad, and Bob Turgeon.

From Wrenn (left to right): Steve Huntley, Glenn McCracken, and Sylvester Wrenn.

From Seaman Bratroko (left to right): Hank Wazan, Bart Bratroko, Roy Gould, Barbara Currey, and Robert Parris, Jr.

From George T. Wilkinson Co. (left to right): Alan Bishop and David Mirabelli.

The Speakers..."Excellent Presenters," "Very Relevant Information"

Dan Chisholm

Charles Cochrane

Fred Osborne

Gene Cable

Dean Samet

Robert Solomon
ASHE Plans 50% More Educational Offerings for Members in 2001

By Jack Gosselin
ASHE Region 1 Director
Vice President of Facilities Management
Day Kimball Hospital
Putnam, CT

Dear Region 1 Member:

As I close out my term on the ASHE Board, I would like to take this opportunity to thank all the members of Region 1 for allowing me to serve in this capacity. My two terms have been very rewarding both personally and professionally. Don Garrison of Togus, Maine will take over January 1, 2001 for a two-year term and I'm certain the ASHE members of our region will support Don as he begins his assignment.

CHFM Certification

Close to 200 individuals have taken the exam for the Certified Healthcare Facility Manager (CHFM). I want to recognize and congratulate Region 1 members who have been successful in passing the test and obtaining their CHFM designation at press time of this newsletter:

M. Paul Amos, South Easton, MA
Cliff Ashton, East Lyme, CT
Kimberly C. Conner, Mount Desert, ME
Steven Cutter, Lebanon, NH
Robert Falaguerra, Avon, CT
James Gilmore, Newport, RI
James Gross, Dansville, NY
Robert Hall, Wallingford, CT
Frederick Leffingwell, New Haven, CT
Robert Loranger, Melrose, MA
Richard Munson, Ashaway, RI
Hugh E. Oliver, APO, NY
Michael Praskievicz, Highland Falls, NY
Alan C. Scrivener, Canandaigua, NY
Thomas W. Sevcik, Oceanside, NY
Patrick C. Taber, Bangor, ME
Matthew B. Tunnard, Groversville, NY
Norman A. Welch, Springfield, VT.

ASHE Web Site Update

The ASHE staff has been working to develop an enhanced web site. The new and improved product is planned for debut after the first of the year and will include a number of upgrades designed to help members work their way around the site with ease and allow information to be more readily accessible. The address is www.ashe.org.

International Federation of Hospital Engineers

By Dennis Grady and President-Elect Curt Hibbard presented a formal application to IFHE this fall in Sydney, Australia. If accepted, ASHE would host the International Congress in conjunction with the 2004 Annual Conference in Orlando, Florida. The other countries filing competing applications are Germany and the Netherlands.

2001 ASHE Board of Directors

President: Curt Hibbard, SASHE
President-Elect: Wayne Klingelsmith, FASHE, CHFM
Region 1: Don Garrison
Region 2: Wayne Kinder, SASHE
Region 3: Robert Guerry, CHFM
Region 4: William Alton, SAHE
Region 5: Ed McKenzie
Region 6: Michael Blackwood
Region 7: Dana Swenson
Region 8: Troy Martin
Region 9: Nick Dalba
Region 10: William Morgan

Chapter Updates

After hosting a December 14 session on "Understanding Bottom Line Financial issues for Engineers," The Hospital Engineering Society of Greater New York started its education offerings January 11 with Tom Salamone speaking on JCAHO-OHSM-NFPA issues in Manhattan. February's meeting will feature Ron Luria from Ashland Chemical and HES's Annual Gayla is planned for March 31. Contact Joseph Zammit at (718) 567-1198 for chapter information.

The Central New York Society for Healthcare Engineering has been active throughout the fall with a variety of regional meetings and educational sessions in the Syracuse area. Inquiries on chapter activities should be made through Kathy Tubbert, CNYSHE Secretary, (315) 468-3849.

ASHE Board Activities

- ASHE’s financial position has improved over the last year with anticipated revenues surpassing expenses by over $100,000.00
- ASHE has petitioned the FCC to become the Frequency Coordinator for Wireless Medical Telemetry Systems.
- An updated strategic plan for the society has been developed in draft form and will be presented for approval at the January board orientation meeting in Chicago.

- ASHE educational offerings for 2001 are up by 50% over 2000. The schedule includes five 2-day programs with the AIA, five 3-day codes and standards programs, a fundamental and advanced safety program, and six audio conferences.
- The society plans to develop a semi-monthly "e-newsletter" for members. Tentatively the electronic publication is expected to be available in January 2001.
- In the area of advocacy, ASHE continues its work with JCAHO on the revision of preventative maintenance standards. Other ongoing advocacy efforts are with the EPA exhaust regulations for generators and boilers, the Life Safety Code adoption by HCFA, and the AIA Guidelines for Construction; regulations for ductwork cleaning and sanitation, as well as ongoing work with the NFPA and OSHA.
- Updated guidelines are being developed for society sponsorships, and a membership service guide will be mailed to all ASHE members with the 2001 Yearbook in January.
Important Dates!

Spring, 2001:
March 19-21
International Conference and Exhibition of Health Facility Planning, Design and Construction
Anaheim Convention Center
Anaheim, CA

Spring, 2001:
March 30
2001 NEHES Spring Seminar
Sheraton Four Points Hotel
Leominster, MA
Organizers: New Hampshire Society of Healthcare Engineers

Summer, 2001:
July 16-18
2001 38th Annual ASHE Conference
Tampa Convention Center
Tampa, FL

Fall, 2001:
September 25 - September 28
2001 NEHES Fall Conference
Portland (Maine) Marriott Hotel
Organizers: Maine Healthcare Engineers' Society

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Steve Cutter*

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SEMINAR CHAIRS
2001 Spring Seminar
Stephen Shaw*

2001 Fall Seminar
Don Garrison*

* Employment listed above
New Series Highlights JCAHO Surveyors' Key Questions, Comments During Survey in Major New England Network of 10 Hospital Divisions

By Robert J. Thompson, PE
The Thompson Group
NEHES JCAHO Liaison

(Editor's note: Bob Thompson retired from his position as Safety and Fire Protection Engineer at the Veterans Administration on December 28, 2000. He is the owner of The Thompson Group, fire protection engineering and safety consultants.)

Major Healthcare Network JCAHO Survey Series - Part I

This opens a series of articles covering a JCAHO survey in a major New England network of 10 active hospital divisions. The series discusses four categories of observations, most of which old timers will recognize while others will see as new emphases. The discussion of observations is categorized by Review of Programs, Program Validation Inspections, Survey Process, and Methods ("best practices") Which Impressed the Surveyor. We'll also do an item on surveyor observations in Community-Based Outpatient Clinics. The same administrative surveyor covered all the hospital programs. The fact that clinical surveyors are increasingly exploring Environment of Care issues reflects on the inclusion of safety within the responsibility of everyone in the healthcare system. I invite you to email your comments to me at bobattg@medicineone.net.

Review of Programs

The survey of multiple hospitals in one Healthcare Network offers an opportunity to observe differences and similarities among the several divisions of a single corporate body. The following is a series of observations of the surveyors as reflected in their comments and exit meetings. Perhaps it can be used as a preparatory checklist for some of the programs you have in place. Apparently these surveyors sought a culture change from traditional ways of looking at the Environment of Care. (Most questions were raised by the same administrative surveyor at all facilities.)

General
- The surveyor asked, "What is unique about your medical center?"
- Clinical staff members were quizzed about staff safety education and patient safety.
- He explored how top management interfaces with the Environment of Care Committee (EoCC).
- He reviewed and discussed all seven management plans.
- He recommended that each annual report be limited to two pages and that only one goal per area be tracked. (Some facilities track several in each area.)
- He wanted to see specific performance improvement initiatives for all areas as generated by the EoCC.
- He reviewed all the EoCC minutes of the past year, looked for real progress and improvement, and frowned on repetitive inaction on issues.
- He expected the EoCC to reach closure on issues and move onto new efforts.
- He wanted to know if staff understood their performance improvement data.
- He reviewed all of the management plans and the annual reports for the last two years in the evening.
- He expects annual reports to cover "where you were, where you've been, where are you, and where are you going."
- He reviewed the annual assessment of the safety program, along with specific outcomes. What is the scope of the program? Are measurable goals and objectives of the program presented? Is the safety program effective? The bottom line is that all must be included to avoid a Type 1 citation.
- He explored hazard surveillance rounds, who participates, use of checklists (not recommended), and use of the data collected.
- "Can you define sentinel event?" was asked in staff interviews. He sought a consistency within the staff of the specific hospital (and it appeared that a network-wide consistency was expected, as well).
- The Physician surveyor wanted to know if any new or recent construction was done in the areas he visited.
- He asked what safety issues are specific to the unit in which an interviewed employee works.
- At one facility with major construction underway, he focused on life safety, infection control, and how emergencies were handled.

Patient Safety
- The surveyor might ask what the employee has done to improve patient safety.
- He looked for evidence of temperature surveillance of refrigerators, water supplies, and tubs.
- He wanted to know how medical gases are handled.
- The Behavioral Health surveyor emphasized patient safety (now an explicit part of the JCAHO mission statement).

This article will continue in the next issue of the NEHES Newsletter.
NFPA Liaison Describes "Nuts and Bolts" Experiences During Retrofit Sprinkler Installations (NFPA 13) in Public and Private Facilities

By Eugene Cable, PE
NEHES Liaison to NFPA
Regional Safety &
Fire Protection Engineer
Dept. of Veterans Affairs
Albany, NY

The following article is the summation of my presentation given to NEHES members, guests, and vendors at the NEHES Fall Conference 2000 in Sturbridge, MA.

Design and installation of automatic sprinkler protection in healthcare buildings involve some common complications. The following comments result from "nuts and bolts" experiences during retrofit sprinkler installations at private and VA healthcare facilities. In my area of the VA, New York State, all healthcare buildings and all other space used for overnight stay have been fully protected with automatic sprinkler systems.

For healthcare occupancies, the Life Safety Code, NFPA 101, used by HCFA and JCAHO, allows at least 23 Code trade-ups for sprinkler protection when all space is sprinkler protected. In other words, there are 23 distinct Code requirements that would be in place except that sprinkler protection is so reliable and so effective that these requirements are waived. The document lists two examples. Egress corridor walls need not be fire resistive nor do they need to extend to the floor slab above. If already in place, they need not be maintained. Newly purchased upholstered furniture and mattresses need not meet institutional flame resistance standards. With sprinkler protection in place, many features from wall fire resistance to contents flammability to even staff training/drill readiness are reduced. These trade-ups also allow for greater design flexibility and operational freedom.

Obviously, every sprinkler system must be tested and maintained in accordance with NFPA 25. JCAHO now references NFPA 25 in its Environment of Care standards and has provided surveyors with a checklist. Installing sprinkler systems is very important for providing optimum life safety and operational flexibility. Once installed, maintaining the system is critically important.

My presentation at Sturbridge was highly visual in nature, containing many slides of sprinkler system situations, both good and bad. If the brief written presentation below is not clear and you need clarification, please feel free to contact me by phone at (518) 472-1006 or by email, Eugene.Cable@med.va.gov.

Water Supplies
Yes, there is an automatic water supply required, and today systems are hydraulically designed by engineering calculations. But right up front, I want to credit the local fire department as a very important player in sprinkler system success. The performance objective of a fire sprinkler system is to control or extinguish a fire, to stop fire from spreading beyond the room of origin. The primary focus is to control a fire rather than to extinguish it. The local fire department must ultimately extinguish the fire and, in a significant number of cases, must provide additional water pressure for system success.

The fire department connection is an important aspect. It must be in a readily accessible location, not 200 feet from the pavement; it must be readily visible by signage, and it must be operational. A fire department connection without caps invites debris to deposit inside. Rocks, bubble gum, and paper cups do not flow as well as water through small orifice sprinklers. A small detail, but a potentially huge effect on the outcome of an incident.

Fire pumps are expensive and somewhat detrimental to sprinkler system reliability. A sprinkler system is inherently reliable because it is mechanical in nature and water flow tells you if piping fails! Fire pumps add the less reliable elements of electrical power, switchgear, and controller contacts. Avoid them if you can. We have raised existing elevated water tanks in order to avoid fire pumps. There are design options available for reduced standpipe water flow and pressure requirements, allowing only the sprinkler system hydraulic demand as minimum requirement.

Sprinkler system valves in healthcare must be electronically supervised and monitored at a constantly attended location, as required by Life Safety Code. Usually, the fire alarm system supervisory circuit does this. But make sure the personnel response to a sprinkler supervisory signal is prompt. Lighting a light at the Security desk, in itself, does nothing to restore a closed sprinkler valve. I advise (not Code) that every sprinkler valve in ready reach of the public should also be chained and locked in the open position.

Every hydraulically designed system is required to have an hydraulic nameplate at the valve, outlining the design parameters. The nameplate listed design pressures can serve as a check against pressure readings observed at the valve. This is a measure of acceptability of water supply. For example, if the nameplate calls for 285 gpm at 65 psi residual pressure and you are looking at a gauge reading 60 psi with no water flowing, there is big trouble somewhere - investigate further. The annual main drain test, residual pressures, can also give indication of water supply degradation - when pressures are substantially below the nameplate information.

Underground piping, the private underground "fire water" piping or underground private water mains, can degrade with time. Private hydrant flow testing is important in identifying problems. If the underground goes bad, so goes the sprinkler system.

This is your first test question: For one of your smaller two-story healthcare buildings, there is a sprinkler control "PIV" (post indicator valve) out in the side yard. The valve is secured by a handle and padlocked in the open position. This complies with Factory Mutual guidelines. Does this meet Code? This article will continue in the next issue of the NEHES Newsletter.

More than 70 Play During Golf Tournament

A team of three NEHES vendors had the top score during the Fall Conference golf tournament, in which more than 70 members, guests, and vendors played.

First place went to the team of Wayne Johnson from Wrenn and Al Bishop and David Mirabelli from George T. Wilkinson, Inc.

Second place went to the team of Peter Grafe, Ken Soscia, F. Salisbury, and Gene Jones from Sprague.

Third place winners were S. Poole, D. Thompson, S. DeBold, and J. Barrett.

Closest to pin were Al Bishop and Jim Woods of Concord Hospital.