Members, You’re Invited to Take Part in Choosing the 2000 Engineer of the Year

By Steve Cutter, CHFM
Director of Engineering Services
Dartmouth-Hitchcock Medical Center
1999 Engineer of the Year
Chair, Engineer of the Year Committee

The selection of the 2000 NEHES Engineer of the Year begins now with the nomination process and will wrap up in late summer with an election by the full NEHES membership.

Included in this newsletter is a “fax-back” nomination form as well as a list of suggested criteria for selecting candidates. Nominations can either be made by fellow engineers or by State Chapters. All identified candidates will receive questionnaires seeking more in-depth information.

If there are more than three nominees, the NEHES Board will narrow the field to three candidates, and then all candidates, including the three finalists, will receive recognition in the next NEHES Newsletter.

A fax-back ballot listing the three finalists will also be included in that newsletter.

The winner of the 2000 Engineer of the Year Award will be announced and recognized at the 2001 Fall Conference in Portland, ME. That individual also receives a complementary registration to the Fall Conference and a $500 cash prize.

In past years, a NEHES Nominations Committee selected the winning candidate from nominations submitted by members. The NEHES Board has changed the selection process in order to give members an opportunity for greater involvement, and we invite you to actively participate!

Make Plans Early to Attend Downeast Maine 2001 and Save $50 Per Night

Each annual NEHES Fall Conference offers members, guests, and vendors topnotch, member-requested educational programs, the latest products and services presented in a huge vendor show, endless networking opportunities with other members, and fun-filled outings for everyone.

“Downeast Maine 2001: Beyond 2000, Shaping Facilities to Meet Healthcare Needs” September 25-28 will take all these elements and add its own Maine flavor - scenic coastline, bustling seaport, ferries, sandy beaches, fresh seafood, lighthouses, L.L. Bean and Old Port shopping, and more. Maine engineers planning the event are even promising to help engineers defray the costs of their rooms at the Portland Marriott Sable Oaks. Plans also include phone and mail campaigns to boost attendance.

“We’ll subsidize the $159 room rate by up to $50 per night to make it more affordable for any engineer who wants to attend,” said Don Garrison, conference program co-chair and Chief of Facility Management at Franklin Community Healthcare Network, Farmington (see new contact information for Don in separate story.) “Early registrations need to be submitted to us by September 1 to get the discount.”

The annual golf tournament kicks off the conference September 25 at the Sable Oaks Country Club next to the hotel, followed by registration and a social hour. The agenda September 26 includes a Board of Directors meeting, breakfast, one-day vendor trade show, and lunch with vendors for all engineers, followed by motivational speaker Norm Bosio and his topic, “How to be a Successful Facilities Professional,” and a Casco Bay sunset cruise.

Activities September 27 include a Past President’s Breakfast, educational seminars, NEHES annual meeting, social hour, and awards dinner with entertainment. On September 28, engineers will be treated to three special educational panels, compliance with JCAHO environmental standards.

Maine Hospital Receives Prestigious Maine Quality Award for Management, Patient Care

St. Andrews Hospital and Healthcare Center, Boothbay Harbor, has received the 2000 Margaret Chase Smith Maine State Quality Award, Level I-Commitment, for its quality management principles and excellence in patient care. St. Andrews is represented in NEHES by Ron Vachon, the facility’s Director of Plant Operations.

The awards committee judges all applications according to seven categories of data: leadership, strategic planning, customer and market focus, information and analysis, human resource development and management, process management, and business results.

St. Andrews, a 180,000-square-foot full continuum care facility, joins the ranks of other Maine winners that have included L.L. Bean. St. Andrews offers acute care, respite, long-term, and Alzheimer’s care. Housing for retirees includes apartments and cottages.

Ron and his co-workers were thrilled by the recognition. It’s the second time a facility he’s been associated with has won the award. Previously, the Department of Veterans Affairs in Togus, represented in NEHES at that time by Don Garrison, who just retired as Chief, Engineering Services, was honored. “I worked with and participated in the Togus team, and I am happy to

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New President Has Helped NEHES, Chapters for Most of His Career

One of the longest-serving NEHES volunteers of all time has to be Joe Mona, who has "stepped up to the plate" for the Society and his local chapter in one way or another almost since he started working in health care.

He has held several offices, chaired committees, worked on numerous special projects, and, with little warning, even filled the slot of President-elect for 2000 when it unexpectedly became vacant. In January, Joe started a one-year term as NEHES President, taking, as he puts it, "my turn to steer the ship." He is currently the Director of Facility Systems at Lawrence General Hospital, Lawrence, MA.

Please tell members about your background.

For those who may not know who I am, I have volunteered on the NEHES Board in various capacities for over 18 years. My career in health care started at Holy Family Hospital in Methuen, MA where I spent nine years as a master electrician. I worked for Anna Jacques in Newburyport, MA for six years as Director of Engineering where I pursued my B.S. in Technical Management from New Hampshire College. I was also Director of Engineering at Spaulding Rehab in Boston for 10 years. During much of that time I was an adjunct instructor at New Hampshire Technical College, teaching electrical theory and wiring. I have worked at Lawrence General Hospital for the past three years. With a much shorter commute, I have more time available to train for road races and biathlons, which occupies much of my time. My wife is a psychiatric practitioner. I have a daughter who is a doctor in Hawaii and a son who is a lawyer in New York.

What are your primary goals as NEHES President?

My primary concentration as president is to work with our Membership Committee. I hope to rebuild the Western Mass, Middlemac, and South Shore chapters. I believe that we must direct our energy towards many institutions such as rehab and long-term care, which have not yet been targeted. Hopefully, the dream team of Tom O'Sullivan, Jack Gosselin, George Hawley, Bob Loranger, and President-elect Bob Okerholm, who works at a long-term care facility himself, can pull it all together. Part of their effort will be to try to entice people from long-term facilities to join NEHES. I also want to work with the Maine engineers to ensure that the Fall Conference September 25-28 draws improved numbers of attendees and sponsors.

Will board members vote on changing the NEHES bylaws so that those who aren't hospital facility managers can join NEHES?

There has been much discussion relating to membership criteria. We hope to have a proposal at the annual meeting, which is held during Fall Conference in September, which could provide some level of participation for select members who don't meet the hospital employee requirement. This requirement prevents many former engineers from volunteering on the Board of Directors.

Do you and other NEHES members have concerns about any particular Codes and Standards issues?

I'm very concerned about the fact that regulatory agencies enforce different vintages of the Life Safety Code, and I'm working with Doug Erickson, a member of the ASHE Advocacy Management Committee, on a campaign to standardize the regulatory acceptance of this code. For example, HCFA (Health Care Financing Administration) continues to use the 1985 Life Safety Code while JCAHO adopted the 1997 version.

What would you like to tell members about the dedicated volunteers who contribute so much to the Society by working as volunteer members of the Board of Directors?

I would like to take this opportunity to recognize the current and past Boards of Directors. Many members of our Society do not realize the personal sacrifices and amount of time required to provide members with the continuing top-notch and reasonably priced educational programs as well as vendor shows, newsletters, and web site. Board members typically travel many hours, some even using vacation time, to attend the monthly business meetings. Most board members also serve on local chapter boards or coordinate local chapter meetings. All the Board of Directors asks in return is for NEHES members to participate in the programs we offer.

Make Plans Early

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EC 1.7 Waterborne Pathogens and others, preparing for the ASHE Certified Healthcare Facility Manager exam, and JCAHO, benchmarking, NFPA, and ASHE topics.

Engineers will receive a conference mailing in July, and Don urged members to visit the NEHES web site, www.nehes.org, later this spring for conference updates. "Fall Conference will have JCAHO and Life Safety updates, the latest in energy deregulation news, information on new AIA standards, engineer certification opportunities, motivational speakers, a huge trade show, and special promotional offers including the hotel discounts and gifts," Don said. "Our goal is to have at least 100 engineers attending. Vendors will have gold, silver and bronze support opportunities. We urge our members to invite their favorite vendors to participate. Vendors electing the gold and silver support levels will attend our educational workshops." Contact Bob Lord, Vendor Chair and Plant Operations Director at Parkview Hospital, Brussick, immediately by phone, (207) 729-1641, by fax, (207) 729-1641, or by email, scuppy@gwi.net, to be sure vendors receive an invitation.

For tourist information about the Portland area, contact:
www.visitportland.com or call (207) 772-5800;
www.portlandregion.com or call (207) 772-2811;
www.visitmaine.com or call 1-888-maine-45.
NEHES, ASHE Collaborate on New Joint Membership Billing Project

NEHES and ASHE have launched a joint membership billing program that will allow engineers to pay one fee to join both societies. The pilot program’s main objective is to make new membership and renewal more convenient, especially for engineers whose institutions restrict the number of professional organizations they can join, but not necessarily the total dollar amount spent on dues. The new program will give all engineers the opportunity to join ASHE, a 5,825-member organization advocating for the healthcare engineering profession, and NEHES with one check. Some NEHES members have been forced to choose between membership in ASHE or in NEHES, and only 98 out of 300 NEHES members belong to both NEHES and ASHE. Organizers also believe the program will help retain members in both societies by making renewals more convenient to pay.

Bob Loranger, a past president of both societies, was an early supporter. “Paying a single fee to join NEHES and ASHE could be a membership boon to both groups and allow members to join both who couldn’t do so otherwise,” he said.

Mark Cappello, a former NEHES member who has relocated to another ASHE region, served on ASHE’s Membership and Chapter Relations Committee several years ago and “brought this issue to our attention,” said Susan MiHalo, ASHE’s Director of Membership. “He was looking at how this could benefit both organizations and how we could advance the field of healthcare engineering by working as partners. He felt joint billing would be a good way to start.”

Endorsed by the Boards of Directors of both societies, the pilot program begins this month. ASHE will kick off the program by billing engineers who are members of both organizations on a monthly basis depending on when their ASHE membership expires. ASHE will also be sending two invoices to non-ASHE members. One invoice will give them the option to join ASHE and NEHES through ASHE. The other invoice will be used if they wish to join NEHES only, and payment with the invoice will be mailed to Margaret Yip of NEHES.

Membership fees for both groups will remain the same: $25 for NEHES and $115 for ASHE (for facilities belonging to the American Hospital Association) and $145 for non-AHA members. Invoices sent to engineers will reflect one total fee, either $140 or $170. ASHE will forward paid dues to NEHES quarterly and plans a mailing to ASHE members who aren’t NEHES members.

ASHE hopes to extend the joint billing program to other chapters based on how successful the NEHES pilot is.

Joint ASHE-NEHES membership, Susan said, is the best advocacy tool engineers can have. “By being members of ASHE it provides one voice for the profession. For example, when we go to advocate to NFPA, we say we represent our 5,825 members and more than 70 chapters. As a result, it’s estimated that ASHE has saved hospitals billions over the years by clarifying and preventing arbitrary and potentially confusing codes, standards, and regulations that would have added unnecessary costs.”

Engineers who aren’t ASHE members and would like to participate in the new program can contact Susan by email, smihalo@aha.org, or call her at (312) 422-3804.

Membership Initiatives Gain Momentum

By Jack Gosselin
NEHES Membership Committee Chair
Healthcare Project Executive
The Downes Group, Inc.
New Britain, CT

(Editor’s note: Jack Gosselin reports on NEHES membership initiatives that he and other members are working on this year. Contact Jack by phone with membership ideas and questions, 860-229-3755, ext. 307.)

Does the Membership Committee plan any special mailings to prospective members?

The updated membership brochure has been printed, and I plan to send a mass mailing out with an application and the brochure in April.

Are you trying to encourage more members from the same institutions to join NEHES?

Because NEHES is such a great bargain, I am trying to promote multi-member institutions. With the reasonable dues and seminar costs, two or more members from an organization can get two or more times the benefits of networking as well as the educational offerings. Everyone looks at things differently within their areas of responsibility, and this allows a higher level of information gathering within a given healthcare institution. We encourage current members to invite colleagues from their facility or another facility to our Fall Conferences and Spring Seminars.

Who should members contact to obtain membership brochures and applications?

Contact Margaret Yip by phone, (617) 636-5253, or by email, myip@lifespan.org.

Would you like to comment as Membership Chair on the new ASHE/NEHES dues billing project?

I feel it will help those folks whose institutions allow employees only one professional membership. The joint billing could be presented as membership to the national society with the regional/local chapter dues in one payment. Remember that the member can still choose one or both societies if it is not a billing issue.

Vendor Memberships Are Being Studied

By-laws co-chair Mark English reports that the NEHES Board of Directors is contemplating a recommendation to add a new membership category for people not directly employed by healthcare institutions. “Although there is a preliminary draft, we are far from finalizing the language, and we would welcome input from members,” Mark said.

The board, he added, cannot approve such a bylaws change. It can make a recommendation to open NEHES membership, but a quorum of the NEHES membership would have to approve any changes by vote at the annual meeting during Fall Conference in Portland, ME in September.

Mark invites members to forward comments on the proposed change to him by email, menglis@harthosp.org, by phone, (860) 545-2661, or by fax, (860) 545-3169.

Welcome to a New Member!

NEHES’ newest member is Brian Garbecki, PE, CEM, who is Director of Facilities Planning and Management at Baystate Health System, 759 Chestnut St., Springfield, MA 01199. Contact information for Brian is: phone, (413) 794-5727; fax, (413) 794-4988; and email, brian.garbecki@bhs.org
Member in the Spotlight

Dave Fontes Divides Time Among Three Rhode Island Facilities

Dave Fontes, chosen by his peers in the Rhode Island Healthcare Engineers Society as its member in the spotlight, has reached levels of responsibility befitting his more than 21 years of management experience in the healthcare field. For the past year, he has been the Director of Facilities for Miriam and Bradley Hospitals and the Director of Safety for Rhode Island Hospital. He has a wife and three daughters, is studying for a master's degree, coaches girls' sports teams, and has served both NEHES and the Rhode Island chapter in various ways off and on for more than 18 years. Most recently, he helped Ken Soscia plan Spring Seminar 2000 and was Rhode Island's representative to the NEHES Board of Directors in 1999 and 2000.

How does he do it all? "The toughest challenge is to balance all of these important parts of my life," said Dave, who is also a member of NFPA and ASHE. "Time management and prioritization are important in all parts of one's life. I also try to never take for granted the opportunities I have been given and make the best of any situation. The answer is 'balance.'"

Dave entered healthcare management in 1978 after working in the trades, and was previously the Manager of Operations for all three hospitals, which belong to the Lifespan network of healthcare facilities. He now supervises 42 employees and is responsible for Safety and JCAHO EOC compliance at the three facilities. Together, they have 1,026 beds and more than 2.7 million square feet. He also handles maintenance, repair, and operations of Miriam and Bradley Hospitals, totaling 307 beds, and the planning and construction of all infrastructure systems and renovation/construction projects for two sites.

The hospitals are a few miles apart, but that doesn't bring the complications one might expect, Dave said. "The challenges are not much different than a single site. These facilities are very close to each other, and the rewards far outweigh the challenges. It is a diverse function that involves meeting customer needs at three sites at different times. The staff at each site brings different innovative processes to the table that enhances our overall operation."

Current projects at his facilities include a $4 million ICU project, various energy initiatives, and a boiler stack refurbishing. "I find renovation projects more rewarding since the end product transforms a space that wasn't meeting customer needs to a space that meets their needs," Dave said.

"It also usually results in improving the infrastructure systems of a facility, which is needed in many facilities."

Dave is a graduate of the New England Institute of Technology and Roger Williams University with an engineering degree, and is pursuing an MBA. "My children are now older (9, 12, 14) and less dependent, and I wanted to enhance my management skills with current academic learning processes such as coaching and research," he said.

In his spare time, Dave enjoys hiking, kayaking, and biking, and his family - daughters and wife, Patricia - sponsors a 12-year-old boy in Honduras through Save the Children Foundation.

When asked what advice he would give to engineers who want to reach his level of job responsibility one day, Dave said, "Focus on people, tasks, and learning. Learn from your staff, peers, and VP's. The level of responsibility reached is not as important as the level of job satisfaction and fulfillment achieved."

Chapter in the Spotlight

New Hampshire Engineers are Colleagues As Well As Friends

The New Hampshire Society of Healthcare Engineers is a growing society which counts engineers from most of the state's hospitals as members as well as many of their colleagues from long-term care facilities. The chapter made NEHES headlines in 1998 when it arranged, with approval from the NEHES Board of Directors, an offshore Fall Conference in Bermuda, the first such location in NEHES history.

"People who attended really liked it, and it was one of the first times that we really started including vendors in the educational part as well as the social part and the trade show. It got us more cohesiveness with the vendors," said NHSE President Ed Page, the Engineering Business Manager/System Administrator at Exeter Hospital. The society will consider another offshore conference when it takes its next turn organizing the event because several engineers and vendors have told him they'd attend such a meeting, Ed said.

Ed joined the New Hampshire chapter in 1991 and NEHES in 1998. He has served as the NHSE's Secretary-Treasurer and hopes as its president to increase attendance at meetings. "We have a good core of members there every month, and I want to broaden that. We've done site tours for the past several years and we want to do more of them this year."

Members often get together socially in addition to their monthly meetings at the New Hampshire Hospital Association in Concord. "Some of us go skiing or get together for cookouts and invite vendors along," Ed said. "One member's father-in-law even comes along as an unofficial member. We have a good time together."

Many of the 31 members have belonged to the chapter for 12 years or more. Three are even lifetime members.

Other officers are: Vice President, Ken Waite, a new NEHES member and Manager of Environmental Services, Hillcrest Retirement Community, Manchester; and Secretary-Treasurer, Lloyd Berry, Director of Maintenance at Speare Memorial Hospital, Plymouth.

Steve Shaw, Director of Engineering at Southern New Hampshire Medical Center, Nashua, is the representative to the NEHES Board of Directors and chaired the Spring Seminar 2001 planning committee. Tom Humphrey, Director of Engineering Services at Monadnock Community Hospital, is the alternate representative. Ed and Past President Jim Woods, Plant Operations Manager at Concord Hospital, worked on Spring Seminar registration, and all members helped recruit vendors and plan the educational program.
Fire Protection Engineering Leads to Self-Employment for “Retiree”

Bob Thompson planned a career in teaching, but changed his mind when the fire insurance industry, for which his father was an independent agent, awarded him a scholarship to study fire protection and safety engineering at the Illinois Institute of Technology.

Since then, his career has taken him to an Iowa fire insurance rating bureau where he set fire insurance classifications for cities and towns, to a Ford Motor Company Assembly plant, to the General Services Administration, to the National Fire Protection Association (NFPA), and finally, to the Department of Veterans Affairs. In all of these organizations, Bob served as a fire protection engineer.

Among his many achievements over the years has been the evaluation and development of innovative and alternative fire protection engineering systems in otherwise complex healthcare safety programs, saving millions of dollars.

Although Bob officially retired from the VA on December 30, he hasn’t had much idle time. He serves as the NEHES liaison to JCAHO and works several days a week in a consulting business he started three years ago. His company, The Thompson Group, specializes in the evaluation, design, and review of fire and life safety for health care, business and residential facilities, particularly as these relate to JCAHO, Life Safety Code and other NFPA standards, building codes, and the requirements of other authorities. He started the business on a small scale three years ago. Clients result primarily from referrals and include public and private medical centers, as well as those in other occupancies.

In his spare time, Bob, his wife, Marcy, and their daughter and son-in-law are restoring and sharing their Boxford, Massachusetts home, built in 1715. They have a son and daughter and three grandchildren. This summer, Bob hopes to travel with members of his church on a Christian short-term mission to Siberia.

Fire protection engineering, he said, has been a rewarding career. “It’s been very interesting, with a great variety of problems and people. You deal with all kinds of occupancies, facilities, people situations, protection systems, political systems, codes and standards, and governments.”

“I really love the stage I’m in right now — the non-demanding hours, working with people who want my services, and saving two hours a day by not commuting,” Bob said. “I once said I would never live where I had to commute, but there are few rural communities where you can earn a living in fire protection engineering.”

For several years, Bob’s volunteer position as the NEHES liaison to JCAHO has brought a wealth of information to his fellow Society members through his NEHES Newsletter articles and special projects.

Volunteering for NEHES, he said, is very satisfying because “the people I work with are very dedicated to doing a good job with their facilities, and they’re very conscientious about what they’re doing. It’s surprising to me that more facility and safety professionals don’t recognize the value in NEHES membership.”

Bob is also a member of the Middlemac group of NEHES, NFPA, American Society of Safety Engineers, National Safety Management Society, and the Society of Fire Protection Engineers. He is a registered Professional Engineer in fire protection engineering and a Certified Safety and Health Manager.

A few years ago, Bob had a mild heart attack during a photo session at his church. (“Best pictures taken of me in years,” he said.) Although he recovered fully, he did think more about his future. “Having enjoyed my jobs greatly, I realized that I wanted to consult more than to be an employee, and that there was a need to find time to return more of the blessings we’ve received. One of those was being in a position to retire, so now we’re doing what we really like doing. We call it ‘changing jobs.’ It’s also been called ‘Jumping the Job Track’ (also the title of a great book by Peter C. Brown on making the transition into consulting).”

Where are They Now?

This is another in a series of interviews with retired members that the NEHES Newsletter plans to publish. What have retirees been doing since retirement? How are they using their considerable management and technical skills to the benefit of their communities? Are they still attending local chapter and NEHES meetings?

If you have suggestions for future subjects of these articles, please give their names to Steve Cutter, Newsletter Editor, by email, Steve.D.Cutter@Hitchcock.org, or by telephone, (603) 650-7148.

Maine Hospital

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again be part of a facility that is focused on continuous improvement and customer-driven quality,” Ron said.

His role in the application process included providing performance data and giving facility tours to surveyors from the Margaret Chase Smith Quality Association, which administers the program. Surveyors questioned employees about the facility’s policies and procedures, education and training, performance improvement plan, and feedback and control measures.

St. Andrews has already started to work towards achieving a Level II award. “A lot of work is involved, but I realize the effort is well worth the investment. It’s going to take sustained data collection, and evidence that decisions are based on analysis of data,” Ron said. “We will work harder and smarter to monitor processes. We will need to show growth, and we will need to work towards more data-based decisions to continually improve the organization. The philosophy is ‘continuous quality improvement’ where, with the commitment, we will constantly move to higher plateaus of excellence. I hope this process affects my departments positively. We are posting the results of the items we are tracking, and soliciting more comments from our customer base.”

The hospital celebrated with a special awards ceremony and banquet arranged by the Quality Association, but, in a scene all too familiar to engineers, Ron had to get back to the hospital and missed the banquet.
ASHE Staff is Working Hard on Behalf of its Members

By Don Garrison
ASHE Region I Director
Chief of Facility Management
Franklin Community Healthcare Network
Farmington, ME

(Editor’s note: Don Garrison, ASHE’s Director for Region I, will report regularly on ASHE activities of interest in this newsletter. He is serving on ASHE’s Advocacy Committee and the Joint JCAHO Management Task Force.)

Greetings to all Region I members. This is my first newsletter to you as your newly elected Region I Representative. First, I want to thank those of you who voted for me. I very much appreciate your support. Since taking office, I’ve been involved in orientation and one board meeting. I can say with confidence that your ASHE leadership and staff are all working very hard to earn your membership dues by striving to make ASHE the best organization of its kind anywhere.

For example, ASHE’s weekly ASHE “E” Flash is one of the new and innovative ways ASHE’s staff is communicating changes in our industry to all members. If you are not receiving weekly “E” flashes, please let me or the ASHE staff know, and we will certainly add you to the list.

Membership Dues
ASHE and NEHES have joined in a pilot program to provide joint membership billing for both ASHE and NEHES dues. Please see the article on this program elsewhere in this newsletter.

ASHE/AHA Relationship
The working relationship between ASHE and AHA is getting stronger every day thanks to the efforts of Al Sunseri, ASHE Executive Director, and Mac Robinson, PMG Representative to AHA. Projects ASHE is now involved in, such as WMTS (wireless medical equipment frequency allocations) and the various advocacy issues Dale Woodin is working on, are bringing high visibility to ASHE and are very much appreciated by AHA.

PDC Conference
The International Conference and Exhibition of Health Facility Planning, Design and Construction show that was just held in Anaheim, California was a huge success. Attendance and financial goals were exceeded thanks to the tireless efforts of Marge Palomis and her assistant. At our board meeting Al Sunseri mentioned that the PDC show was the only one of its kind in the country that is actually growing. If you haven’t attended a PDC conference yet, try to make plans to attend next year. This is especially true if you are involved in or contemplating any kind of construction project. You won’t be disappointed!

ASHE Goals and Strategies
ASHE goals and strategies have now been established by the board. These goals and strategies represent a blueprint for the various committees of ASHE to develop action plans so our goals can be reached. These goals and strategies were developed with you, the ASHE member, in mind so this organization can provide the kinds of services you have asked for.

Chapter News
The Hospital Engineering Society of Greater New York held its annual dinner dance March 31. This event was organized by Paul Goetz and is a yearly event of this chapter. If you are a new ASHE member or have not gotten involved in the functions of this chapter, I would urge that you do so.

Spring Seminar Addresses Legionella, Air Quality
More than 65 engineers attended Spring Seminar March 30 despite a large snowfall that day. Topics discussed at the seminar, organized by the New Hampshire Society of Healthcare Engineers, included legionella and infection control.

 Speakers were:
Janet Stout Ph.D., Director of the Special Pathogens Laboratory at the VA Medical Center, Pittsburgh PA, and Research Assistant Professor at the University of Pittsburgh School of Medicine.

Andrew Streifel, the University of Minnesota Hospital Environmentalist with the Department of Environmental Health and Safety. He is a member for the AIA Guidelines Revision Task Force.


This is a great way to get more involved in local chapter functions.

NEHES is working hard to make its upcoming fall conference September 25-28 the biggest ever. They will have many national speakers such as Dean Sanet from JCAHO, Doug Erickson from Codes and Standards, speaking on AIA guidelines, plus many others all combining for a great educational offering. NEHES is expecting 70-75 vendors to participate, so it should be a great conference. This year, for the first time, NEHES will be offsetting some of the cost of the hotel by offering a $20 per night rebate to those engineers who register early. Put this conference on your calendars — it looks like it will be great. If you need information, contact Ron Vachon at (207) 633-2121 ext. 308 or rvachon@standrewshealthcare.org.

The Connecticut chapter is already getting ready to host next year’s 2002 NEHES Fall Conference. They are planning for a great time at the Mohegan Sun Resort and Casino in Uncasville, CT. If you are an ASHE member and want to get involved in this local chapter, please call Mark English at (860) 545-2661 or email him at menglis@arthosp.org. It’s a great opportunity to get involved and have some fun.

Contact Don
Region I members, please email or fax any questions or comments to me: email, dgarrison@fchn.org, or fax, (207) 779-2736.

Don Garrison Retires, Takes New Position

Don Garrison, ASHE's Representative for this region, has retired from the VA Medical Center in Togus, ME after 26 years, and has accepted a position as Chief of Facility Management at Franklin Community Healthcare Network, 129 Hospital Drive, Farmington, ME 04938.

Contact Don by phone, (207) 779-2200 by fax, (207) 779-2736, or by email, dgarrison@fchn.org.
CHFM Calls New Certification the “Most Important Credential in Our Field”

Dawn LeBaron, Director of Facilities Management at Fletcher Allen Health Care (Burlington, VT), has joined the ranks of NEHES members who have earned the new designation of Certified Healthcare Facilities Manager (CHFM).

The American Hospital Association Certification Center (AHA-CC) conducts the program with collaboration from ASHE and others.

Engineers who qualify to take the 100-question CHFM exam answer questions in five areas: Compliance, Finance, Maintenance and Operations, Administration, and Planning, Design, and Construction. Ten additional items are un-scored pretest items placed on the exam to gather statistics for future editions of the exam.

Study assistance is available prior to the exam from a study guide. At least one H & R Block office in all 50 states administers the computerized exam. Exam fees are $175 (ASHE members), $250 (non-members). Some facilities’ tuition reimbursement plans cover this cost.

Dawn, a member of Vermont Healthcare Engineers Society and the NEHES Secretary, decided to pursue certification for several reasons. “I wanted to validate the knowledge required to perform the job of Facility Manager to myself as well as to the leadership in my organization, to identify areas where I need to improve my knowledge, and to be in the position to grow in the field of Facilities Management/Operations.”

Dawn is also a Certified Healthcare Protection Administrator, and earned a Certificate in Facilities Management through Northeastern University’s Building Design and Management Program, and an Advanced Healthcare Safety Certificate from the National Safety Council.

She urged other engineers to pursue the designation if they have worked in healthcare at least five years. She has 25 years’ experience herself — 12 in Safety/Security and five in Facilities Management. As far as finding the time to take the exam, Dawn said, “I decided to just bite the bullet and take it. I knew that I could take it again if I failed the first time. The exam results give your score for each subject area so you can tell what areas you need to brush up on.”

The certification is “the most important credential in our field. The testing environment is low key and you can keep retaking it until you pass. This credential brings professionalism to what we do.”

Engineers interested in the CHFM program can obtain the 16-page candidate handbook and 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 member.

NEHES Board and Officers Plan for 2001

Fourteen NEHES officers and committee chairs got a head start on planning for the year 2001 at the annual board retreat held recently at the Kennebunkport Inn, Kennebunkport, ME.

President Joe Mona thanked all the attendees, especially Mark English, who facilitated discussions during the two-day meeting, and Don Garrison, who handled all meeting arrangements. Mark is the Connecticut State Representative to the NEHES Board and Co-Chair; Steering & Bylaws. Don is the ASHE Region 1 Director.

Other attendees were Dawn LeBaron, Secretary; Jack Gosselin, Membership Chair; Bob Okerholm, President-Elect; Steve Cutter, Newsletter/Website, Engineer of the Year, and Education & Career Development; Ron Vachon, Public Relations Chair and Maine Representative to the NEHES Board; Bob Loranger, Co-Chair, Steering & Bylaws; Kevin Keating, Boston Representative to the NEHES Board and Research Chair; Steve Shaw, New Hampshire Representative; Jeff Thomas, Treasurer; Tom O’Sullivan, Western Mass Representative, and Bob Thompson, JCAHO Liaison.

Topics discussed included a review of activities for the year 2000, committee and chair appointments, Spring Seminars and Fall Conferences for 2000 and 2001, other educational initiatives, the newsletter, web page, budget, recognition initiatives, membership, and leadership development.

(Editor’s note: President Joe Mona took most of the photos.)
Important Dates

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
Sable Oaks
Organizers: Maine Healthcare
Engineers’ Society

Spring, 2002: March 29
2002 NEHES Spring Seminar
Leominster, MA
Organizers: Vermont Healthcare
Engineers Society

Fall, 2002:
September 29 – October 2
2002 NEHES Fall Conference
Mohegan Sun Resort
Uncasville, CT
Organizers: Connecticut Healthcare
Engineers Society

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NFPA Liaison Describes “Nuts and Bolts” Experiences During Retrofit Sprinkler Installations (NFPA 13) in Public, Private Facilities, Part Two

By Eugene Cable, PE
NEHES Liaison to NFPA
Regional Safety & Fire Protection Engineer
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This article is the second in a series of articles written after my presentation at the NEHES Fall Conference 2000. The first appeared in the December, 2000 issue of this newsletter. Please contact me at (518) 472-1006 or by email, Eugene.Cable@med.va.gov, if you need a copy of the first article.

Sprinkler System Impairment — Fire Watch

Sprinkler system shutdowns are dangerous, particularly in life safety applications. All proper precautions must be taken to notify appropriate parties, including the local Authority Having Jurisdiction (AHJ), and implement impairment procedures. For healthcare occupancies this includes, at least, instituting a Fire Watch any time a system is down more than 4 hours (Life Safety Code 2000 section 9-7.7.2). Fire watch details were published in an earlier NEHES Newsletter.

I advise that a local policy, a “Sprinkler System Shutdown” notification system, be developed where the Facilities Management people notify the Safety Staff of every shutdown and the system is back up. One VA facility’s Safety Officer posts such notices on a clipboard directly over his office light switch. The form is simple:

“Sprinkler system Out of Service Notification”

Date:  Time:
System/ zone out of service:
Taken out by:
AHJ notified?:
Service restored:
Drain test conducted?:
Restored by:
AHJ notified?:

Risers — Combination Risers

When an existing healthcare building is retrofitted with sprinkler protection, partic-ularly for just a renovated portion of a building, designers will often take advantage of an existing standpipe system for water supply by attaching the new sprinkler zone to the old riser. The existing standpipe riser becomes a sprinkler riser, or more precisely, a combination riser. All sprinkler riser requirements kick in for the combination sprinkler standpipe riser. There must be a listed valve at the base of the riser and it must have a 2-inch main drain with pressure gauge piped to the riser. This is often missed because the requirement for a riser valve is not in the Code for sprinkler risers, it is in the Code for “Hose Connections for Fire Department Use” (NFPA 13 1999 section 5-15.5.2). Why put the new valve in the old riser? Because now all fire protection water, firefighting hose, and sprinkler protection are dependent on the same riser system. This new valve is required to allow isolating a single riser without interrupting the supply to other risers.

This may involve crawling into the old basement areas to work at the “base” of risers. Some AHJs would allow the riser valve to be located one floor up, particularly where crawl space valve installation is impractical or the space is “confined space.” This is somewhat risky for regular personnel access. Remember, someone has to conduct riser main drain tests.

For new installations anywhere in the building, make sure to trace back to the base of the supply riser and install valve, electronic supervision for the valve, 2-inch drain, and pressure gauge, if they are not there already. For old existing systems, where sprinkler system piping was attached to a riser X number of years ago, be advised that the VA AHJ requires retrofit installation of the valve, etc. It is an important feature for life safety systems and has been Code for decades.

Drain Sizes—Main Drains, Sectional Drains

Every sprinkler system, every sprinkler riser, and every sprinkler feed main, where a control valve is provided, must include a main drain or sectional drain down stream of the valve. Installers regularly cut corners here and install smaller drain pipe sizes than permitted by Code. NFPA 13 section 5-14.2.4.2 stipulates the pipe size. It is simple — a 4-inch or larger feed main requires a 2-inch drain, a 2 1/2 to 3 1/2 inch main requires a 1 1/4 inch or larger drain, and up to and including a 2 inch main requires a 3/4 inch or larger drain. These drains are used for main drain tests. NFPA 25 requires a drain test annually for risers and a drain test beyond any sprinkler valve any time that valve is closed and reopened. A smaller than adequate drain is possibly workable for simply draining a system of piping, but is not adequate for main drain testing.

For new installations, make sure proper drain sizes are installed. Be advised that the VA AHJ, at least in my region, does not require that we go back and replace old drain piping based on size, but does force contractors to remove and reinstall correct drain sizes for new installations.

Drains must be piped to a location that will take full flow tests. It is acceptable (NFPA 13) to drain into a dirt crawl space or directly to the outside. Drain pipes terminating into a sink or floor drain is suspect. If the sink overflows during test, the installation is not acceptable. Drains terminating with a cap and hose thread connection are unacceptable.

Editor’s Note: If you have items you would like to include in this section, please contact Steve Cutter, CHEM, Newsletter Editor, by phone, (603) 650-7148; by fax, (603) 650-8978; or by email, Steven.D.Cutter@Hitchcock.org.
By Robert J. Thompson, PE  
The Thompson Group  
NEHES JCAHO Liaison  
Major Healthcare Network JCAHO  
Survey Series — Part II

This is the second in a series of articles covering a JCAHO survey in a major New England network of 10 active hospital divisions. The first article appeared in the December issue of this newsletter. I invite you to email your comments to me at bobattgy@medisone.net. Also contact me if you did not receive a copy of the first article.

Fire and Life Safety  
- The surveyor wanted to know if there is a fire plan.  
- He wanted to see a plan for the COMPLETE evacuation of the hospital, including MOU for community participation.  
- He looked for a sort of “show and tell” to describe the life safety program.  
- He reviews the records for required inspection, testing, and maintenance of fire protection equipment.  
- Employees were quizzed about fire and life safety issues such as fire drills and how they are observed, exits and where they are, and extinguishers and how to use them.  
- He drilled everyone he talked to very thoroughly about fire plan features.  
- He reviewed the 1997 and 2000 Statements of Conditions and Plans for Improvement, signing the latter. (No Type I is here!)  
- He wanted to know if all fire dampers are checked and accessible.  
- He asked to see the temperature log for the elevated water tank.  
- The Behavioral Health surveyor quizzed a new employee of one day on his ability to operate a fire extinguisher.  
- The Physician surveyor sought an explanation of patient understanding about fire exits and what type of education did they receive.

Emergency Preparedness  
- The surveyor asked if there is a contingency plan for computer failure.  
- He was interested in how the emergency preparedness planning interfaces with the community.  
- He introduced questions on how a patient with chemical burns/contamination would be handled and what would happen to water used. (Bio-chemical and other acts of terrorism and its impacts on hospitals will increase in importance; at the present the survey team could not agree on suggested techniques from other team members.)  
- He wanted to know if the facility emergency plan covers medical records and the file room in the event of a fire.  
- He raised questions about the overall Y2K process and the relevance of drill(s) to the facility.

Smoking  
Symptoms of failure to control smoking led to serious questioning about enforcement, with particular concern for employee abuses. This was a source for automatic Type I citations at six of ten facilities.

Equipment Management  
- The surveyor wanted to know about medical equipment, its preventative maintenance, vendor serviced and in-house serviced equipment, unique equipment inventory, and risk criteria. (He wanted a copy of the criteria.)  
- He asked about training for users and maintainers.  
- He wanted to see the unique inventory.  
- He asked how equipment is removed from service.

Utilities Management  
- The surveyor asked about preventive maintenance.  
- He asked to see the utility inventory.  
- He reviewed generator testing and documentation.  
- He wanted to know who can shut off gas valves in an emergency and who educates the staff on this.

Security  
- Regarding suicide prevention, all six patients interviewed at random said they could find the means to commit suicide in the hospital if they wanted to do so.  
- The Physician surveyor was particularly interested in suicide potential and prevention.  
- He discussed the sensitivity of the file room as a security concern.  
- He extensively discussed medication security and methods for monitoring.

Hazardous Materials  
- The surveyor discussed chemicals that employees work with and asked to see where they are kept.  
- He wanted to know who receives, monitors, and controls the inventory of hazardous chemicals.  
- He asked everyone he talked to where their Material Safety Data Sheets are (they must be up to date).

- He wanted to know how hazardous materials were assessed, how they are manifested out, and how they are stored.  
- He wanted to see the red bag, chemical, and radioactive waste manifests.  
- He said the new water standards for eyewashes will be consistent with OSHA regulations.

Infection Control  
- The Physician surveyor or Nurse surveyor conducted most of the infection control survey.  
- He wanted to know how the program was coordinated and communicated.  
- He asked, “What are the big issues?” and “How are they followed up?”  
- He reviewed the Infection Control Committee minutes and asked IC staff who educates them.  
- He reviewed how equipment is cleaned.  
- He reviewed and discussed the last College of American Pathology (CAP) laboratory accreditation survey findings, and asked how infection control in the laboratory is integrated with the rest of the hospital’s IC program.  
- How are high-risk patients identified and dealt with?  
- He asked if there is a sterilizer on site, and how is it checked.  
- He was interested in needle stick experience and how they are reported, monitored, and followed.  
- He raised questions about infection control rounds, negative pressure rooms, and use of HIV kits.  
- He asked what role infection control plays in employee health.  
- He asked about education for infection diseases, patient education, and problem identification.  
- He questioned if there are washers and dryers on site and how they are monitored for infection control.

Parts II and III of this series will cover Program Validation Inspections, Survey Process, and Methods Which Impressed the Surveyor. We’ll also do an item on observations during surveys of Community-Based Outpatient Clinics.
NEHES 2000 Engineer of the Year Award

Suggested Selection Criterion

1. Over the nominee’s career (and particularly 2000), the candidate has displayed commendable leadership qualities.

2. Over the nominee’s career (and particularly 2000), the candidate has ably represented the interests of the New England Healthcare Engineers and the hospital engineering profession.

3. The candidate has provided technical and/or professional assistance to other hospital engineers.

4. During the previous year(s), the candidate has published article(s) or technical document(s).

5. Within the preceding 12 months, the candidate has received professional recognition, met the requirements for an academic degree and/or achieved professional certification within an engineering related discipline.

6. The candidate has made significant contributions within the healthcare engineering field.

7. The candidate has shared programs or other information with fellow engineers that has helped them improve the overall effectiveness of their operations.

8. The candidate displays high levels of integrity and professionalism.

9. During 2000 the candidate has devoted significant amounts of time to a project which has brought positive (outside) recognition to the Society and its members.

10. This candidate has served on a Committee (State/Local Engineering Society, NEHES, ASHE, NFPA, ASHRAE, ASME, AIPE, etc.) and has contributed to the overall improvement of the membership.

11. The candidate has contributed to both the cohesiveness and organization of the Society and has promoted cooperation between members.

12. The candidate has hosted meetings and/or organized educational programs.

After you read these points, please TURN this form OVER and use it to VOTE for a candidate!
Be sure to read the Engineer of the Year Selection Criteria on the back of this form first! Thank you for taking the time to nominate a colleague for this important award.

NEHES Engineer of the Year Award

NOMINATION FORM

Name and Title of Nominee: __________________________________________________________

Reasons for nomination:

• Contributions to NEHES in 2000 ____________________________________________________

• Contributions, exemplary performance in healthcare engineering on a local, state, or national level

• Service to fellow healthcare engineers

• Other specific achievement(s) and / or honors, awards relevant to this nomination

Name of Nominator: __________________________________________________________________

Tel: _____________________________________________________________________________

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