10 Reasons Why You Need to be In Portland September 25-28

Imagine being able to get the latest information on Codes and Standards directly from representatives of the regulatory agencies who develop the Codes. Think of the benefits of meeting other engineers who may have solutions to problems you’re facing on the job, and the advantages of seeing firsthand the latest products and services displayed by the companies who develop and sell them. Return to your job energized and professionally updated. Picture yourself even getting a refund of up to $100 on your hotel room while you reap these other benefits!

The NEHES Fall Conference 2001 (“Beyond 2000, Shaping Facilities to Meet Healthcare Needs”) will make all of this possible. It is the Society’s biggest educational event of the year, and you can’t afford to miss it.

The Conference, organized this year by the Maine Healthcare Engineers Society, begins September 25 for NEHES members who want to enter an optional golf tournament. The Conference kicks off in earnest September 26 with technical exhibits, lunch with exhibitors, and a rousing motivational talk by Norm Bossio, speaker to Fortune 500 companies. Thursday is a full day of educational sessions; Friday, more sessions and panels follow until adjournment before noon. Read these reasons to attend Fall Conference and reserve your spot now! Organizers are counting on seeing 100-125 engineers at the Conference.

Reason to Attend #1:
Topnotch educational sessions — requested by NEHES members — will include: Dean Samet, Associate Director in the JCAHO’s Standards Interpretation Group, “Changes to the Environment of Care Standards”; Doug Erickson, FASHE (Fellow in the ASHE APEX Program), “New AIA Guidelines for the Design and Construction of Hospitals and Healthcare Facilities and How They Interface with Local and National Codes;” Scott LeClair, PE, “The Northeast’s Energy Environment and State-of-the-art Energy Management and Technology Concepts Used to Develop a Successful Facility Engineering Program;” Michael Gurevich, “Brick Veneer and Metal Studs Backup,” an overview of building envelope construction; Robert Spielvogel, CIH, and Brian Soltysek, HEM, Developing a Continuous Improvement Process for Environmental Compliance and Monitoring;” a panel of experts from JCAHO, ASHE, AIA, OSHA, and NFPA answering your questions; and everything you need to know about the Certified Healthcare Facility Manager exam from engineers who have passed the exam or helped develop it.

Reason #2:
A sold-out show of more than 70 vendors, ready to tell you about their newest products and services. Show your support and appreciation by coming to the Fall Conference! NEHES Continued on page 4c

Bylaws Amendments Proposed for 2001: New Membership Category

By Mark English
Co-Chair, Steering & Bylaws Committee,
Director of Engineering
Hartford Hospital
Hartford, CT

The bylaws of an organization are a set of rules adopted chiefly for the government of its members and the regulation of its affairs. The current bylaws of the New England Healthcare Engineers’ Society, Inc. were adopted on October 8, 1994 and have been amended by vote of the membership in 1995, 1996, 1997 and 1998.

These bylaws, collectively, must be viewed as a dynamic document. Times and circumstances change. For example, the name of our Society was changed by amendment from “hospital” engineers to “healthcare” engineers to reflect and adapt to the radical changes taking place in the structure of the healthcare industry.

Article IX Section 9-7 of the Bylaws makes provision for a Steering and Bylaws Committee, and includes a charge to “...review the

Vote Now for the Engineer of the Year!
It’s time to elect the NEHES 2000 Engineer of the Year. Turn to pages 2 and 3 and read what each of the three nominees has to say. Then take a minute to vote and fax back your ballot. Your vote really does count!

Bylaws annually for adequacy and appropriateness and propose changes to the Board of Directors for approval and then submit approved, proposed changes at the Annual Meeting for action by the members.” The Committee has developed a number of proposed changes for consideration by the Board of Directors and the general membership this year. The vast majority of the proposed changes relate to what we would call “housekeeping” issues: correcting grammar and punctuation, changing references from “hospital” to “healthcare,” correcting chapter names, being politically correct, reflecting actual and realistic practices, and so on.

However, there is one change that is more substantive in nature. The Board of Directors has recommended that a fourth membership category be established within Article IV: that of “Supporting” Member. This change would offer membership to individuals who are not employed by a healthcare provider organization, but who are in businesses which interact with our other (active, associate, honorary) members. Supporting members would have the same privileges and benefits as other members except the right to vote or serve on the Board of Directors.

This is a significant change, one that the Board of Directors feels is crucial to the survival of the Society in light of industry trends toward consolidation of facility management roles, downsizing, outsourcing, mergers, and acquisitions by-for-profit entities.

Article XV of the Bylaws requires that proposed amendments be submitted to the Society President at least 45 days in advance of the Annual Meeting, bearing the signature of at least 10 active members. This was accomplished at the Board of Directors meeting on May 4, 2001 in Salem, NH. The Board of Directors approved those proposed changes (with some minor modifications) at that meeting.

Article XV further stipulates that copies of all proposed amendments to the Bylaws be distributed to all Society members at least 30 days prior to the Annual Meeting. The proposed changes, in a “half page” format, were mailed out in June. Please contact me if you have not received them yet (menglish@hathosp.org or 860-545-2661).

Final approval of these proposed amendments requires a two-thirds affirmative vote of a quorum at the Annual Meeting. Since the Board of Directors feels these amendments represent positive and beneficial changes for the Society, they also urge your attendance at the NEHES Fall Conference in South Portland, ME September 25-28, 2001 and particularly at the NEHES Annual Meeting on September 27.
It’s time to VOTE for the 2000 New England Healthcare Engineers’ Society Engineer of the Year! Three very eligible and deserving fellow engineers have been nominated by their peers. They were each asked a series of questions and their responses are listed below. Please take time (do it now!) to complete the attached ballot and fax it to Steve Cutter no later than August 30. Election results will be published in the next Newsletter.

Engineer of the Year Nominees Present Backgrounds, Accomplishments

The NEHES Engineer of the Year will be recognized at the NEHES Fall Conference in Portland, Maine.

Below are the nominees’ verbatim responses to a series of questions prepared by Steve Cutter, CHFM, Chair, Engineer of the Year Committee. Please review the responses and vote for the nominee of your choice on the ballot inserted into this newsletter.

This year’s nominees are:

**Mark English**
Director of Engineering
Hartford Hospital
Hartford, CT
6 years in NEHES
29 years in healthcare engineering

**Dawn LeBaron**
Director of Facilities Services
Fletcher Allen Health Care
Burlington, VT
4.5 years in NEHES
5.5 years in healthcare engineering

**Joseph Mona**
Facility Systems Director
Lawrence General Hospital
Lawrence, MA
22+ years in NEHES
26 years in healthcare engineering

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**Mark English**

Director of Engineering
Hartford Hospital
Hartford, CT
6 years in NEHES
29 years in healthcare engineering

---

**Dawn LeBaron**

Director of Facilities Services
Fletcher Allen Health Care
Burlington, VT
4.5 years in NEHES
5.5 years in healthcare engineering

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**Joe Mona**

Facility Systems Director
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Mark English  Dawn LeBaron  Joe Mona

**Mark English**

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---

**Joseph Mona**

Facility Systems Director
Lawrence General Hospital
Lawrence, MA
22+ years in NEHES
26 years in healthcare engineering

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**Describe your contributions to NEHES prior to 2000.**

**Mark English:**

Joined NEHES in 1995; Fall Conference Planning Committee Chair 1996; Connecticut State Representative 1996-present; Interim President-Elect 1998; President 1999; Steering and Bylaws Committee Co-Chair 2000-2001; Interim Treasurer 2001.

**Dawn LeBaron:**

Public Relations Chair, December 1998 - September 1999.

**Joseph Mona:**

I served 10 years with the Boston Hospital Engineering Club holding the executive positions of Secretary and President. Simultaneously, I served in many positions with the NEHES Board of Directors and as Boston Hospital Plant Engineering Club (BHEC) Representative. As such, I managed to recruit members of the Boston Group to the NEHES Board and into the Society. During this time the Middlemac Chapter of NEHES had become dormant.

After becoming Facility Systems Director at Lawrence General Hospital, I resurrected the Middlemac Chapter of NEHES. I coordinated a number of educational breakfast meetings and recruited Dawn LeBaron, then of Newton-Wellesley Hospital, into NEHES, even though Newton-Wellesley Hospital was officially in the BHEC control area, as well as new members from Anna Jacques Hospital and Lynn Union.

I served on the Board in many capacities including Membership Chair, State Representative, Boston Chapter Representative, MidMac Chapter Representative, Spring Seminar Chairperson, and Unofficial Historian for over 15 years. I spent 10 years being a vocal advocate to move the Spring Seminar away from NEHA to a more desirable location that proved to be very successful. We are now holding the seminars in Leominster. I have also successfully and confidentially assisted many NEHES members in job searches while they were in dire straits.

**Describe your contributions to other professional societies.**

**Mark English:**


**Dawn LeBaron:**

Long-time member of International Association Health Care Security & Safety (IAHSS), Past President, Vice President; ASHE - Member in good standing since 1995.

continued on page 3
Engineer of the Year Nominees Present Backgrounds, Accomplishments

continued from page 2

**Mona:** I am a long-standing member of ASHE and keep in continuous communication with Doug Erickson, discussing issues relating to adoption of NFPA Life Safety Code 101. I am a member of the NFPA constantly communicating with Eugene Cable on various healthcare codes. I am also a member of the International Executive Housekeepers Association, sending many of my staff to Environmental Services training seminars, many conducted at the Dartmouth-Hitchcock Medical Center.

Describe your contributions to other organizations (e.g., community, civic, religious).  

**English:** Periodic volunteer work - "Christmas in April," Habitat repairs, cooking at local shelters, assisting at walk-a-thons, etc. (primarily United Way agencies).

**LeBaron:** Secretary, Newton Crime Commission - May 1994 - September 2000; participated in many community crime prevention initiatives, including a gun buy back program where we took 250 firearms off the streets of Newton, MA.

**Mona:** I am a member of the Gate City Striders Running Club and participate in many of their functions and volunteer to assist at many of their charitable events. I am also a third-year-voted Board of Directors member of a 200-unit condominium association in Hudson, NH, where my duties include running monthly meetings and budget preparation.

Describe accomplishments you have achieved during your career: emphasize the most recent 18 months first. Examples would be: publications authored, promotions, extraordinary accomplishments, etc.

**English:** Seven papers published; over 25 lectures, talks, seminars presented; on the adjunct faculty of the Hartford Graduate Center 1981-1995; 1972-1975: operating/supervising biomed engineer, Trauma Research Center, Albany Medical Center; 1975-1978: operating room engineer-Hartford Hospital, 1978-1995: Director of Clinical Engineering-Hartford Hospital; 1995-present: Director of Engineering-Hartford Hospital. Administered Clinical Engineering Internship Program (two-year master's degree) for students at Hartford Hospital 1978-1995.


**Mona:** I am recognized by LGH Administration for superior performance in the years 2000, 1999, and 1998. I have received the Partners in Excellence Awards in 1996 and 1997 from Partners Healthcare for outstanding service while at Spaulding Rehabilitation Hospital. These recognitions were a result of accomplishments ranging from the construction of a new 100-bed hospital while managing a Facilities Department to successfully converting a contracted services Housekeeping Department into an in-house, hospital-run department. I presently continue an ongoing effort to introduce changes into the NEHES bylaws and guidelines for the purpose of membership recruitment. Moreover, I assist all and any engineers with their responsibilities of running their spring and fall seminars.

Describe your formal and informal education, technical training, licenses, certifications and/or professional awards or honors.

**English:** Bachelor of Science-Biomedical Engineering-Rensselaer Polytechnic Institute; Master of Science-Biomedical Engineering-Rensselaer Polytechnic Institute; Certified Clinical Engineer-International Certification Commission; Senior, American Society for Healthcare Engineering; outstanding contribution awards, 1981 and 1986-NESCE; Employee Safety Award, 1998-Hartford Hospital; Strathmore's Who's Who Listing 1997.

**LeBaron:** Bachelor of Arts Degree, Graduate Certificate Program in Facilities Management - Northeastern University, Certified Healthcare Protection Administrator - IAHSS; Certified Healthcare Facilities Manager - ASHE, Advance Certification Healthcare Safety - National Safety Council.

**Mona:** I am a master and journeyman licensed electrician in Massachusetts and New Hampshire. I hold a B.S. degree from New Hampshire College in Technical Management. I have a GAAS degree from New Hampshire Technical College. I am a certified medical gas pipe fitter. I have attended virtually every spring/fall NEHES seminar for nearly 20 years as well as a number of ASHE presentations. I am a member of the IEHA Association and have attended many training courses and hold a Massachusetts real estate sales license. Please describe other factors, or amplify on any of the above, that would be of interest to the membership and support your candidacy.

**English:** I have always been interested in participating in local, regional, and national healthcare engineering organizations and contributing as much as I can.

**LeBaron:** I have been an active member of the Board of Directors (with a six-month hiatus) since December, 1998. I have rarely missed a meeting even since relocating to Burlington, VT. I have taken an active role in two planning retreats, assisting in the development and attainment of the Board of Director goals. As Secretary, I believe I have brought a measure of organization and consistency to the Board. I know that I have learned more than I have shared; however, I hope my good-humored diligence is of some value to the group.

**Mona:** As a NEHES member and board representative, I have had a stellar attendance record at virtually all business meetings, retreats, and conferences (with the possible exception of a DPH and JCAHO conflict 10 years ago). I launched a very successful membership campaign approximately 10 years ago which resulted in over 30 new members in NEHES. I genuinely enjoy assisting my peers and contributing in any way that I can to the Society as a whole. I have worked tirelessly for at least 15 presidents of NEHES inclusive of George Hawley, John Crowley, Barney Bolton, Jack Berger, Theron Manning, Jack Gosselin, Mark Capello, Ed Boyer, etc. My intent and goal is to produce a measure of cohesiveness with the now fragmented Massachusetts chapters, consolidating the South Shore, Western, and Midmac Groups into a more harmonious entity.

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**Don't Forget to Vote!**
Members: It’s Time to Sell Your Colleagues on NEHES - The Region’s Best Society for Healthcare Facility Management Professionals

By Joe Mona
NEHES President,
Facility Systems Director
Lawrence General Hospital
Lawrence, MA

I am aware that our NEHES Newsletter has dedicated much attention to this topic; however, as President of the organization which has meant so much to me for so many years, I would be remiss if I do not reiterate in print what I have said so many times at meetings and conferences. Any organization is only as effective as its members’ level of participation. This is especially true as it relates to membership recruitment, which is ultimately the responsibility of each one of us who realize the genuine value of the organization. Most who receive this publication are aware of this, but we are already part of the dwindling numbers of the establishment. The only way our Society will survive is through an aggregate team effort to solicit those who are unaware of the historical significance, prestige of this Society, and array of benefits.

I believe the current NEHES Board of Directors is a team that strongly supports the ideals of the Society. We bring a visionary philosophy that exclusively considers the future and success of NEHES, but we can’t do all it. It will require the resources of the entire membership and new members to make a significant difference.

We must also convince the critics of the past, who have not always identified with ever-changing organizational climates, that change often encourages newfound enthusiasm with positive results.

We must realize that what worked in the past will not work in the present. Hospital engineers are no longer beating down doors to join societies.

What works in the present may not be a successful strategy for the future. What we do know is that we have not had an earth-shattering membership recruitment campaign thus far, so let’s get going.

This is a tremendously opportune and exciting time for all of us to promote the Society. You are selling the very best organization in the facility management profession in New England. We encourage you to solicit your own hospital colleagues, Security, Environment of Care, and Safety professionals. The Portland, Maine Fall Conference provides an outstanding recruitment platform.

Remember that NEHES does not rely on membership dues alone to provide the nationally acclaimed educational programs, scholarships, newsletters, and other functions. The active participation, enthusiasm, and high visibility of our members at our seminars are the formula for success.

You will be receiving a variety of correspondences from our Membership Committee, the State of Maine Fall Seminar family, and me. Please share this information! Thank you!

Contact Joe by phone, (978) 946-8179, or jmona@megahnet.net.

PR Efforts Recognize Members and Promote NEHES Seminars

Several NEHES members, including Public Relations Chair Ron Vachon, President Joe Mona, and ASHE Region I Representative Don Garrison, are working hard to ensure that engineers are recognized as often as possible, and that the Society’s activities are well publicized.

A partial list of this year’s Public Relations projects follows:

January - Ron sent letters, signed by Joe, to NEHES Board Members’ CEOs, thanking them for their support.

February - Ron made available to board members press releases prepared for National Engineers Week in February, highlighting healthcare engineers’ roles.

March - Maine engineers sent a mass mailing, “postcard from Maine,” announcing the NEHES Fall Conference to members.

May - Joe Mona sent a mass mailing, a letter to CEOs of all New England hospitals and long-term care facilities, publicizing the Society’s educational programs.

June - Maine engineers conducted a telephone calling campaign to NEHES members, reminding them of Fall Conference.

June - Secretary Dawn LeBaron wrote a letter to members explaining the new pilot program between ASHE and NEHES that provides for joint membership billing.

June - Mark English, Co-Chair, Steering & Bylaws Committee, and Joe Mona sent a letter to members, in which bylaws changes were formatted in a side-by-side paragraph form so the changes would be easy to review. Public relations initiatives inside these proposed bylaw changes allow a new classification for vendors.

June - Don Garrison wrote a letter to ASHE encouraging them to attend Fall Conference.

Public relations ideas should be forwarded to Ron Vachon, Director of Facilities Management, St. Andrews Hospital, Boothbay Harbor, ME, by phone, (207) 633-2121, or by email, rvachon@standrewshealthcare.org.

Job Changes

John P. Duraes
Facilities Manager
St. Luke’s-Hospital-Southcoast
Hospital Group
101 Page St.
New Bedford, MA 02740
Phone: (508) 961-5148
Fax: (508) 961-5151
Email: duraes@southcoast.org

Jack Gosselin
Manager, Director
SDA Arneill International
80 Glastonbury Blvd.
Glastonbury, CT 06033-4415
Phone: (860) 659-1010 ext. 2294
Fax: (860) 657-3141
Email: jgoselin@slamecoll.com

Dick Harris
(Norm Welch has taken a position in Virginia.)
Director of Engineering
Springfield Hospital
25 Ridgewood Road
Springfield, VT 05156
Phone: (802) 885-5121
Fax: (802) 885-7654
Email: dharris@springfieldhospital.org

Welcome, New Members!

NEHES welcomed two new members recently, both from Fletcher Allen Health Care, Burlington, VT.

Peter A. Irving is the Electrical/Equipment Manager. He is a member of ASHE and NFPA. His contact information is: Fletcher Allen Health Care, 111 Colchester Ave., Burlington, VT 05401.

Phone: (802) 847-3691; fax: (802) 847-4386; email, Peter.Irving@vtmednet.org.

Gerald E. Sabourin is the Facilities Manager. He is a member of NUILPE (National Institute for the Uniform Licensing of Power Engineers). His contact information is:

Fletcher Allen Health Care, 1 South Prospect St., Burlington, VT 05401.

Phone: (802) 847-2037; fax: (802) 847-8435; email, Gerald.Sabourin@vtmednet.org.
Chapter in the Spotlight

Vermont Chapter Finds Success With Bimonthly Meetings

Healthcare managers in Vermont are more isolated geographically than their peers in more populated states, so it's not surprising that they tend to join professional societies as soon as they find them. Bob Cummings, President of the Vermont Healthcare Engineers Society, is no exception. As a newcomer to health care in 1990 and working in a remote Vermont town, he was relieved to hear that he could network with other healthcare professionals in not just one but two organizations - VHES, organized in 1972, and NEHES.

"I realized I wasn't alone, that there were at least 12 other managers like me in the state," Bob recalled. "I joined VHES right away and when I heard about NEHES, I found that there were even more professionals to network with."

Bob is the Manager of Construction Services at Fletcher Allen Health Care (Burlington) and FAHC's Assistant Project Manager to the Ambulatory Care Center, a 360,000-square-foot project combining a four-story underground parking garage and three-story education center. It is the state's largest healthcare project in history and it kicked off just as Bob and other VHES members had completed the planning for the very successful NEHES 1999 Fall Conference.

Bob previously served as VHES Vice President. At the urging of the late Bud Myers (see related story), he offered to serve as President. "Bud drove me, he kept urging me to become President," said Bob, who also belongs to the Vermont and American Hospital Associations, the American Society of Mechanical Engineers, and the American Society of Heating, Refrigerating and Air-Conditioning Engineers. "No matter how busy I am, I won't let the group die, we need it too much."

To lure more of the 41 members to meetings, he said, VHES now meets bimonthly at the same location - Central Vermont Hospital in Berlin with host Joe Kaczmarek - and looks for timely program topics such as hospital controls, open architecture for building control systems, which allow facilities to install systems from a number of vendors rather than a single vendor, design/build and mechanical projects for hospitals, turnkey projects, and medical gas systems. VHES members now represent hospitals and long-term care facilities, and vendor memberships are being discussed.

Bob Cummings and Dawn LeBaron, FAHC Director of Facilities Services, are co-chairs for the NEHES 2002 Spring Seminar in Leominster, MA March 29. The program will probably focus on infection control.

Bob credits increased attendance at VHES meetings to the group's web site, accessible through www.VTFIRE1.com, and its email capabilities for members. The web site was developed by Ray Forse1, the VHES Secretary-Treasurer and Clinical Engineer for the University of Vermont Instrumentation and Technical Services, Technical Services Program (TSP).

Ray's position covers technical and code consulting for Vermont and New Hampshire hospitals. He creates compliance processes related to JCAHO, CAP, and state regulations, and represents TSP and the hospitals at JCAHO surveys. Other duties include purchase consultation for medical equipment, device incident investigations, and management of TSP's Environmental Waste Gas Analysis program.

Ray joined VHES and NEHES after members voted to expand full membership to include medical research facilities. He finds membership in both groups very beneficial. "The NEHES annual meeting in the fall and the spring seminars are very helpful in updating the members on JCAHO and other issues. We have been very fortunate to have very high-ranking officials of ASHE, JCAHO, and NFPA attend and provide "from the horse's mouth" information on changing standards. I like nothing better than to have Dean Samet in the same room with us so that we can get a good idea of what to expect from the JCAHO in the coming year," Ray said.

He originally created his web site, www.VTFIRE1.com, as an advertising tool for his private fire protection consulting business which is not associated with TSP or the University of Vermont, then spent 10 to 12 hours to add space for VHES. He updates the site regularly to keep VHES cohesive.

Topics on the site include meeting minutes and agendas, bylaws, annual reports, a membership application and renewal forms, officers' emails, and links to ASHE and NEHES web pages. An important addition to the VHES web site is a listserve that was created and is managed by Ray's boss, Tobey Clark, SASHE, Director of UVM's Instrumentation and Technical Services Program, and UVM sponsor. The VHES listserve is provided on UVM's server as a service to the Vermont community. Members can post messages or questions that immediately go to all members. This has been useful in discussions of elevator upgrades, meeting planning, vendors for fume hood testing, personal member updates, and other issues.

By creating the web site, Ray hoped to "make information about VHES and related professional available to the members. No one has much time to waste any more, and the value of organizations such as VHES and NEHES is to provide useful information to its members. The internet allows members to get their own information, and to reach other members much more easily than phoning 20 or 30 people. We also make all announcements of meetings via email, which has driven down our mailing costs tremendously."

Ray is a member of the South Burlington Fire Department, where he serves as Safety Officer, and he has been a Fire Investigator in the past. He is a member of NFPA, serves on the Board of Directors of the Vermont Society of Professional Engineers, and is a member of the National Society of Professional Engineers. He earned a certificate as an Engineer Intern in 2000, and is working toward testing for a Professional Engineer license in Vermont for Electrical Engineering and/or Fire Protection Engineering.

Bud Myers of NEHES and VHES: 1930-2001

Bernard (Bud) Myers, a longtime member of NEHES and VHES, and the 1998 VHES Engineer of the Year, died at his home in Williston, VT in March. A Vermont native, Bud worked in Engineering at Fletcher Allen Health Care, Burlington, for 27 years.

Following surgery for laryngeal cancer and a total laryngectomy in 1989, Bud became an American Cancer Society volunteer. He started the first Laryngectomee support group in Vermont. He was a member of the ACS Board of Directors and a member and participant in the Relay for Life Committee, which last year raised over $200,000 for the Cancer Society.

As a spokesperson for anti-smoking campaigns, Bud spent many hours travelling around Vermont to let students know about the dangers of smoking. He also spoke to speech pathology students and nursing students about the effects of his speech related to cancer. He was also on the Board of Directors for VKATS (Vermont Kids Against Tobacco). He visited many patients facing a diagnosis of cancer, and helped many people with his guidance, advice, and positive attitude.

He leaves his wife, Susan, seven children, 20 grandchildren, and seven great grandchildren.
Where are They Now?

Recently, several members' newsletters have been returned to NEHES because the individuals had left their positions. Anyone who knows the whereabouts of the following persons should contact Membership Chairman Jack Gosselin by phone, (860) 659-1010 ext. 2294, or by email, jgosselin@almacoll.com: Richard Carey, Ed Cummings, Philip Dinsky, Frank Grimes, Clem Gritsavage, Percy Hanscom, Ming Quock, and William Skelton.

Important Dates

*****************************
2001:
September 25 - September 28
2001 NEHES Fall Conference
Portland (Maine) Marriott Sable Oaks
Organizers: Maine Healthcare
Engineers' Society

*****************************
2002:
March 25-27
International Conference and Exhibition on
Health Facility Planning, Design and Construction
Opreyland Hotel Florida
Orlando, FL

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

July 29-31
39th Annual ASHE Conference and Technical Exhibition
Nashville Convention Center
Nashville, TN

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

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ENERGY SYSTEMS

NEHES Now Accepts Members' Credit Cards

Members can now use their VISA or MasterCard to pay Fall Conference and Spring Seminar registration fees and NEHES membership dues.

The Board of Directors voted to approve this new policy after several members, including Ron Vachon, Mark English, and Jeff Thomas, studied this payment alternative.

The new policy will help engineers to pay dues and fees quickly and more conveniently.

The credit card payment option is available only for member dues and members' conference registrations.
The New England Healthcare Engineers’ Society

2000 Engineer of the Year Election Ballot

Please review the article about the nominees and make your choice below:

_____ Joe Mona

_____ Dawn LeBaron

_____ Mark English

Please fax your response back to me at 603-650-8978 no later than August 30.

Thank you for your active participation.

Steve Cutter, CHFM
Chair, Engineer of the Year Committee
Major Healthcare Network JCAHO Survey Series - Part III

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

This series covers the JCAHO survey in a major New England Network of 10 active hospital divisions. The series discusses several categories of observations, including Review of Programs (Parts I and II), Program Validation Inspections (Part III), and then Survey Process and Methods (best practices) Which Impressed the Surveyor. This Part III covers Program Validation Inspections. We’ll also do an item on observations of surveyors in Community-Based Outpatient Clinics. The same administrative surveyor covered all the hospital programs. It is clear that clinical surveyors are increasingly exploring Environment of Care issues. We invite you to email your comments and questions to me at bobattg@mediaone.net.

Program Validation Inspections

As the JCAHO survey process advances more and more toward evaluating processes and the system of delivering health care, the Environment of Care standards become more related to whether or not the processes are in place. With this transition (over many years, we note), the inspections become more oriented around validation of the facility’s system for providing a good Environment of Care. The prescriptive nature lingers, particularly in the form of specific deficiencies (symptoms) translating into a diagnosis of systemic illnesses. But the fact remains: Physical plant (a.k.a. Environment of Care) inspections are important to the outcome of the surveys.

General

- It is essential to recognize the correlation between surveyor inspection observations as a means of validation for surveyor observations of program interviews and documentation.
- These surveyors were described as thorough, observant, consultative, and courteous.
- During inspections, employees were quizzed about many of the issues reviewed during the program review. (See Parts I and II of this series in the December 2000 and first quarter 2001 Newsletters.)

Patient and Employee Safety

- The surveyor looked for evidence of temperature surveillance of refrigerators, water supplies, and tubs.
- He checked the quiet rooms for window safety and shower rooms for grab bars.
- He visited the loading dock to evaluate controls for the compactor and safety devices.
- In the central supply room he inquired about the handling of EtO and checked EtO alarms.
- He checked eye wash station logs in the HVAC shop based on OSHA criteria.
- The physician surveyor looked for tamper-proof screws on switch plates.
- The physician surveyor looked for features that could assist in suicide, especially “loop and strangling” situations.

Fire and Life Safety

- The surveyor checked utility rooms, mechanical rooms, warehouse, clean and soiled linen rooms, computer room, pharmacy, dietetics kitchen (fire protection system), oxygen storage, library, respiratory therapy, and medical records.
- He asked that deficiencies identified during the survey be recorded so he could later check for them in the Plan for Improvement.
- He looked at exits and fire extinguishers.
- He randomly checked fire/smoke partitions for penetrations.
- He thoroughly drilled everyone he talked to about fire plan features.
- He checked interim life safety measures for a project in the kitchen.
- He checked fire doors and linen chutes.
- The physician surveyor inspected many fire extinguishers, evaluated exit sign placement, looked for flammable liquids stored with corrosive (incompatible) materials, and found penetrations in fire/smoke barriers.
- He questioned a “Fire Door - Keep Closed” sign on an open door.

Smoking

The surveyor focused on roof tops, mechanical rooms, and behind doors that he would not be expected to open. Symptoms of failure to control smoking led to serious questioning about enforcement, with particular concern for employee abuses. These violations are a source for automatic Type I citations at six of the 10 facilities.

Equipment Management

The surveyor took equipment numbers during visits to the dental and eye clinics for later follow-up on preventive maintenance.

Utilities Management

- The surveyor visited the boiler plant to review fuel on hand and emergency power support.
- He looked at the overall setup and cleanliness of the emergency generator building.
- He explored who can shut off gas valves in an emergency and who educates the staff on this.

Security

- The surveyor checked storage areas for lock integrity.
- The physician surveyor checked dates and controls of medical carts.

Hazardous Materials

- The surveyor asked everyone he talked to where their Material Safety Data Sheets are (they must be up to date).
- He visited the hazardous materials and medical wastes buildings to check on status of manifests, frequency of pick ups, and general conditions.
- He checked every location using glutaraldehyde.

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

By Eugene Cable, PE
NEHES Liaison to NFPA,
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This article is the last 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, and the second appeared in the first quarter 2001 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 those articles.

Gauge Location

Gauges must be installed at the system main riser and each drain location associated with a floor control valve. Notice I said “at” the system riser. Unfortunately, that is Code language from NFPA 13 section 5-15.3. The idea is, there must be a gauge. But this section does not say where to attach the gauge. Consequently, we find gauges attached to just about everything except the wall, even piped to the wall could be argued as Code complying - since the code says “at the system riser.” One has to go to Section 5-14.2.4 and figure 5-14.2.4 (drain connections) to realize the intent is to connect all gauges to the main, not to the drainpipe or test connection! There is another drawing depicting proper gauge installation in appendix figure A-5-15.4.2(b).

Unfortunately, some sprinkler manufacturers sell sprinkler test pipe and drain connection assemblies where a gauge can be easily installed to the test pipe assembly. This is wrong - the gauge must be piped to the feed main itself.

It is most important that the gauge be installed properly for main drain test residual pressure readings. A gauge attached to the test pipe will give very turbulent unreadable results during a test. It is attempting to measure flowing pressure past the gauge rather than residual pressures within the main. A gauge piped to a drain or test pipe does read static pressure in the system, but static pressures are misleading and can look good even when water supplies are shut off. In other words, static pressure readings mean little; accurate flow test pressures are very valuable.

For new installations, make sure gauges are attached correctly. Be advised that for old existing installations where gauges are installed incorrectly, the VA AHJ requires that they be reinstalled to the feed main or an additional gauge be installed to the feed main. Remember, we are talking about life safety sprinkler systems in healthcare occupancies. Accurate main drain and feed main testing pressures are important to judging system water supply dependability.

Quick Response Throughout

The VA was the first to install quick response sprinklers in healthcare facilities, beginning in 1985. Quick response (QR) sprinkler technology logically followed 1980 advancements in residential life safety sprinkler protection. New sprinkler head designs with a much better mechanical necessity for heat transfer were found advantageous because sprinklers operated much sooner in a fire scenario. They operated quickly, fast enough to stop smoke production and protect persons even in the room of fire origin, a bedroom in residential settings. So, why not a sleeping room in healthcare settings? In 1991, the Life Safety Code began requiring QR sprinklers in healthcare occupancy patient sleeping zones and in 1996 the Sprinkler Code, NFPA 13, began requiring QR sprinklers for all new light hazard installations, all occupancies.

I offer two stories involving QR sprinklers.
First story: In 1987, in Syracuse, NY, a VA Medical Center nurse short-cuts procedures and opens a steam autoclave instrument sterilizer venting superheated steam into the room. A QR sprinkler directly overhead activates and douses the nurse with black water! The sprinkler is replaced. Two weeks later - same nurse, same action - only this time she runs to the doorway in time to watch the sprinkler activate and not get wet! The Syracuse Fire Department responded both times and didn’t think it was funny. The QR sprinkler was replaced the second time with a high temperature QR sprinkler.
Second story: In 1991, in the West Haven, CT VAMC, a new retrofit QR sprinkler system is being installed to protect an active patient area. One of the zones was completed and hydraulic static pressure tested for two hours with water supply valve open. After the test, pressure was reduced to about 100 psi and the valve was left in the off position until a flow switch could be connected. The next day, at 7:30 a.m., same zone, a patient sets fire to his bed, closes the door, and leaves for breakfast (nice guy). The nursing staff did not even smell smoke, there was no alarm, and they first discovered the situation by noticing some water running out from under the room door. A QR sprinkler had extinguished the fire - about three feet in diameter, sheets, and blankets - without a water supply, with only standing water in the zone piping!

NFPA 101 and NFPA 13 Code are a bit complicated on the issue of mixing standard and quick response sprinklers within the same zone. The bottom line is this: QR and standard sprinklers must not be mixed within the same fire compartment. QR sprinklers would likely activate a substantial distance from the fire location, thereby robbing water from standard sprinklers, operating much more slowly at the fire.

One item related to QR sprinklers is that ceiling tiles must be in place. Even a single missing tile would allow smoke and heat to vent into the space above, substantially slowing sprinkler action. Missing ceiling tiles is also a Life Safety Code violation in sprinklered properties where “smoke resistant” ceilings are part of the corridor protection requirements.

For new installations, sprinklers must be QR throughout a smoke compartment containing patient sleeping rooms. If this is a retrofit or renovation, any standard sprinklers within the zone must be changed out with QR sprinklers - even if within storage areas or mechanical spaces. High temperature QR sprinklers are available today for those areas with high ambient temperatures. Be advised that old existing systems equipped with standard sprinklers are acceptable. In our case, VA AHJ does not require changing the sprinklers. Remember that any sprinkler system is very effective in controlling a fire and keeping it within the room of origin. The QR advantage during a fire is survivable conditions within the room of origin and much less smoke overall. However, there is at least one very important Code trade-up for QR sprinklers that is not available with standard sprinklers; elimination of smoke dampers in smoke barrier walls. (NFPA 101 section 18.3.7.3 and 19.3.7.3)

18th Clearance - Patient Privacy Curtains

Lastly, the sprinkler obstruction issue is important. We have successfully completed all this design and installation work, water supplies, riser isolation capability, pipe sizes, valves, electronic supervision, gauges for water supply monitoring, sprinkler spacing, and QR sprinklers throughout. The effectiveness of all this work can be greatly reduced if operational considerations - people actions - place items that seriously obstruct sprinkler water spray. Water does not have to get to every piece of combustible material, but it does have to reach most combustible material in a room. Before we point to the clinical staff we had better take a look at our light fixture installations, sign installations, and shelving. A surface mounted ceiling light fixture installed very near a sprinkler could obstruct all water from reaching

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HHS Announces Major Reform; HCFA Faces Name Change

Health and Human Services Secretary Tommy Thompson announced the first step in a major reform of the agency responsible for running Medicare and Medicaid at a press conference June 15. Thompson said the reorganization was designed to improve the services and information available to nearly 70 million Medicare and Medicaid beneficiaries and healthcare providers who serve them.

Thompson unveiled the new name of The Centers for Medicare & Medicaid Services as the agency that runs the Medicare and joint federal-state Medicaid programs. The agency had been known as the Health Care Financing Administration.

According to the release, the new name reflects an “increased emphasis at the Centers for Medicare & Medicaid Services on responsiveness to beneficiaries and providers, and on improving the quality of care that beneficiaries receive in all parts of Medicare and Medicaid.”

To achieve the goals, the Centers for Medicare & Medicaid Services will:
- Launch a national media campaign to give seniors and other Medicare beneficiaries more information to help them make decisions about how they want to get their health care;
- Enhance 1-800-MEDICARE to a 24-hour-a-day, 7-days-a-week service that will provide more detailed information to help beneficiaries make Medicare decisions;
- Restructure the agency around three centers that reflect the agency’s major lines of business;
- Improve the Centers for Medicare & Medicaid Services’ culture of responsiveness to beneficiaries, physicians and other healthcare providers, states and lawmakers; and
- Reform the contractor process to improve the quality and efficiency of the Medicare claims processing services (Medicare carriers and fiscal intermediaries) that pay nearly $1 billion fee-for-service Medicare claims each year.

“We’re making quality service the number one priority in this agency,” Thompson said. “These sweeping reforms will strengthen our programs and enable our dedicated employees to better serve Medicare and Medicaid beneficiaries as well as healthcare providers. We’re going to encourage innovation, better educate consumers about their options, and be more responsive to the healthcare needs of Americans. This is only the beginning - more changes are on the way. We’re going to keep fine-tuning this department so Americans are receiving the highest quality health care possible. Our commitment to excellence is unwavering.”

(This article was contributed by Bob Thompson, NEHES Liaison to JCAHO.)

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

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half of the room.

Yes, storage can be stacked to the ceiling against the wall, because it does not obstruct water. Small volumes of combustibles may not get wet at high levels, near the ceiling, but that is OK. Remember, the sprinkler performance objective is to control the fire.

Patient privacy curtains, perfectly fine before sprinkler protection arrived, can become an NFPA 13 violation after sprinkler protection. Another test question is: what size open mesh is acceptable, given that the mesh is provided for the top 18 inches of curtain. Answer: ½ inch.

According to Life Safety Code, 2000 edition, section A.19.3.5.5, that means 1/2 on the diagonal but even that is not descriptive enough. The mesh could be 1/2 wide and 1/16 inch high and obstruct most sprinkler water. So this becomes an issue to be decided by the AHJ. Be advised that for curtains, both newly purchased and old existing, the VA AHJ requires a mesh size at least 5/8 by 3/8 inches.

Conclusion
Automatic sprinkler protection is the very best fire safety fire protection available today. Proper inspection, testing, and maintenance are even more important than the decision to install. Along with all the Code trade-offs allowed by Life Safety Code and inherent flexibility for healthcare facility design comes the absolute responsibility that these systems must work when needed. Hopefully, the lessons shared here will help you insure that your systems will prove successful when challenged by fire.

Major Healthcare Network JCAHO Survey Series - Part III

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- The physician surveyed checked the lead apron inventory and method of storage.

Infection Control
- The physician surveyed looked under sinks for infection control problems.
- He wanted to know who cleaned shower rooms and how.
- He checked the calibration of scales.

Future editions of the Newsletter will cover Survey Process and Methods Which Impressed the Surveyor. We’ll also do an item on observations of surveyors in Community-Based Outpatient Clinics.

JCAHO Web Site Provides Answers to EOC Questions

Education Chair Steve Cutter wants members to know that the following web site, provided by the Joint Commission, contains answers to frequently asked questions about Environment of Care standards: http://www.jcaho.org/standard/faq/EOC.html.

Topics include:
- Disaster Drills;
- EC Management Plans;
- Emergency Management;
- Long-term Care Smoking Rooms;
- Exit Maps;
- Hazardous Material;
- Infant Abduction Drills;
- Management Plans in Business Occupancies;

- One-time Extensions Based on Unforeseen Conditions;
- “Paper Patient” Drills;
- Staff Only Refrigerators;
- Tabletop Drills;
- Temporary Construction Barriers;
- Trash Cans;
- Use of Consultants;
- Utility System and Acquired Illness.
10 Reasons Why You Need to be In Portland September 25-28

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thanks the following top sponsors who help make this Conference possible:


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Reason #3:
Network with colleagues, share common problems and solutions, get professional support, have a chance to see old friends and make new ones.

Reason #4:
Great value for the money. Where else can you get top-notch educational programs, professional enrichment, and networking for $195 (NEHES members) and $220 (non-members)? (Hotel room is extra.) Register by September 1 and Conference organizers will refund $50 per night, up to $100, of your hotel room rate. New this year: use your VISA or MasterCard to pay conference fees.

Reason #5:
Attend the NEHES Annual Meeting on September 27, see how your organization functions, and offer your opinion on proposed bylaws changes (see article on page 1.) Your opinion does count!

Reason #6:
Congratulations the new Engineer of the Year, attend a terrific banquet, and hear a Maine humorist - all at the Awards Banquet September 27.

Reason #7:
Treat your guest to a fun-filled guest program, complete with Freeport shopping, City of Portland tours, and sunset Casco Bay Cruise with members and vendors.

Reason #8:
Treat yourself to a trip to Portland, Maine, complete with scenic coastline, bustling seaport, ferries, sandy beaches, fresh seafood, lighthouses, and more!

Reason #9:
Sign up for the member/vendor optional golf tournament September 25. Golfers of all abilities are welcome. See registration brochure for details.

Reason #10:
Consider these thoughts from veteran Conference attendees: “The Maine family has been working hard to present a very multidisciplinary program which will benefit or be beneficial to a variety of disciplines. The nationally-recognized advocacy representative from ASHE, Doug Erickson, will be one of the attractions and alone would be worth far more than the cost of this three-day conference. By virtually unanimous demand, Dean Samet is back. Let’s not forget about the attractions that Maine will offer for our friends and spouses.” - President Joe Mona.

“The NEHES Fall Conference is the one regional offering that not only fulfills the attendee’s need for timely industry initiatives, but also allows unlimited opportunity for interactive networking, which in reality is the essence of continuing education.” - Membership Chair Jack Glosselin.

Important: If you haven’t received a registration brochure by August 7, contact Program Chairs Don Garrison (207-779-2000, dgarrison@fchn.org) or Ron Vachon (207-633-2121, rvachon@standrewsheathcare.org).

ASHE Updates Provide Information for Region 1 NEHES Members

Compiled by Don Garrison
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Chief of Facility Management
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Farmington, ME

National Healthcare Facilities & Engineering Week Oct. 21-27

The National Healthcare Facilities & Engineering Week is October 21-27, 2001. This week recognizes the important role that facility managers have in assuring a safe and functional environment for all patients, visitors and staff. These are the individuals who work "behind the scene" and too often go unrecognized and unnoticed. This week has been established to formally recognize their dedication and hard work, for these are truly the people who keep the healthcare facility in working order in a cost-effective manner. ASHE offers you a number of specialty items that can be used in your celebration. To see what's new this year, go to http://www.ashe.org/engweek/index.html.

Take the Certification Challenge

Gain an extra advantage in this highly competitive job market by receiving formal recognition for your education and work experience by becoming a Certified Healthcare Facility Manager (CHFM). This mark of distinction demonstrates your commitment as a professional and shows that you are among the elite in your profession.

To receive this designation you need to be eligible to take the CHFM Examination. Specific requirements can be found in the CHFM Candidate Handbook. For a copy go to www.ashe.org/1ACHFMHandbook.pdf.

ASHE Resources of Interest

NOW AVAILABLE FROM ASHE...From Model Codes to the IBC: A Transitional Guide. This book offers a side-by-side comparison of the IBC Requirements to the NBC, SBC90R, UBC(tm), and NFPA 101(r). In addition, it contains quick finding indexes linking model code items to their IBC equivalents. This 866-page book retails for $114.95, but is available through ASHE for a discounted price of $89 for members and $99 for nonmembers. Order number: 055993.

The Guidelines for Design and Construction of Hospital and Health Care Facilities (2001 edition), published by the American Institute of Architects Academy of Architecture for Health and The Facilities Institute with assistance from the U.S. Department of Health and Human Services, is now available from ASHE. This book is used as the reference when planning or renovating health care facility construction. Authorities in 42 states, the Joint Commission on Accreditation of Healthcare Organizations and several Federal Agencies cite the Guidelines as a reference code or standard when reviewing, approving and financing plans and when surveying, licensing, certifying or accrediting completed facilities. Make sure you meet code and standard requirements. Order number 055358: $65.00 for ASHE members (includes shipping) and $75 non-members. (Note: For members who paid the higher fee, refunds of the difference will be issued.)

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