Three More NEHES Members Pass Certified Healthcare Managers’ Examination

Jack Gosselin, Ron Hussey, and Jim Loughery have recently earned the 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 computer-based, 100-question CHFM exam at selected H&R Block offices answer questions in five areas: Compliance, Finance, Maintenance and Operations, Administration, and Planning, Design, and Construction. ASHE membership is not a requirement for participation in the program. (See below for ways to obtain more information about certification; see separate story on updated eligibility requirements.) The “pencil and paper” version of the exam is also given to qualified engineers attending the annual ASHE conference each summer.

Jack, Ron, and Jim join eight other NEHES members who are CHFMs: Clifford Ashton, Steve Cutter, Robert Falaguerra, Jim Gilmore, Dawn LeBaron, Frederick Leffingwell, Bob Lorange, and Pat Taber.

Jack is Managing Director at SDA Arneill International (Glastonbury, CT), Ron is the Plant Facility Manager at Bristol (CT) Hospital, and Jim is the Life Safety Coordinator at William W. Backus Hospital (Norwich, CT).

What is your career experience?


Ron: I was in construction for most of my life. After one year at Charlotte Hungerford Hospital, I started here in 1989 as a carpenter, then moved to Lead Person, then to Department Supervisor, then to Facility Manager.

Jim: I started as maintenance mechanic at New Britain Memorial Hospital in 1974 and then advanced to Maintenance Foreman/Safety Director.


How did you hear about the CHFM program?

Jack: As Region 1 ASHE Director from 1996-2000, I was aware that the CHFM exam was being developed. I took the exam this summer in Tampa when it was offered during ASHE’s annual conference.

Ron: I read about it in one of the ASHE publications. I later saw Bob Falaguerra’s and Fred Leffingwell’s names on the CHFM list; they are both colleagues of mine and that perked my interest in taking the exam.

Jim: I saw the announcement in an ASHE publication. After I read the information, I pulled up the pretest on the Internet; it’s a little 10-question preview. (Access the test through www.ashe.org, click on Certification, and find the pre-test in the CHFM Candidate Handbook.) I did fairly well on that and decided to give the exam a shot.

Why did you pursue CHFM certification?

Jack: This is something that healthcare engineers can do to enhance their value. We need to get a large body of engineers certified or else it won’t become a benchmark for our discipline. We need to keep promoting it, we need to start seeing “CHFM” next to people’s names in journals. Potentially, this certification could set the bar for our profession.

Ron: I don’t have an engineering background, but I do have the managerial background and I wanted to see how broad my knowledge was compared to that of other engineers.

Jim: I always thought that qualifying for a credible certification program would be an accomplishment. ASHE being behind this gives it credibility.

How did you prepare for the exam?

Jack: I bought the study guide from ASHE, it’s a series of articles by members of ASHE relating to the subject content of the exam in general terms. It doesn’t give you any answers, but it gives you a focus on the areas contained in the exam. ASHE doesn’t guarantee that you pass the exam if you buy the book.

Ron: I didn’t study for it, I went in based solely on my job experience.

Jim: It is rather difficult to prepare for it. They didn’t have the workbook out then as they do now. I keep a library of publications and I reviewed those. I relied a great deal on my past experience, 25 years in health care.

What feedback about the exam do you have for other engineers?

Jack: The exam is extremely well done and very representative of what we do. It measures your experience in the field. Someone with less than three years’ experience probably doesn’t have enough field-acquired knowledge to do well on it.

Ron: The best I can say is that it really gets into the job description of facility manager. It covered many of the things you deal with on a day-to-day basis and other issues that you don’t work with every day. I took the whole two hours.

Jim: All five parts of the exam were covered in depth. I would advise someone to do a self-assessment in the five areas and concentrate on the areas where they are weaker. The areas you work in every day basically come naturally.

(Continued on Page 2)

National Engineers Week is February 17-23

NEHES is Ready to Welcome Members Who Don’t Work at Healthcare Provider Organizations

NEHES moved one step closer to welcoming new members who will join the society under the category of “Supporting Member” by setting annual dues for this membership category at $100. The vote came during the Board of Directors’ annual retreat in November.

Qualified Supporting Members can now join NEHES. These are individuals who are not employed by a healthcare provider organization, but who are in businesses which interact with other (active, associate, honorary) NEHES 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.

Applications for supporting members have been developed.

Please forward names of potential supporting members and their contact information to Margaret Yip, New England Medical Center, 750 Washington St. NEMC Box 834, Boston, MA 02111, or email names to myip@lifespan.org.
President’s Comments

President Thanks Special Members and Recaps a Very Productive Board Retreat

My term as NEHES president for the year 2001 ended January 1. I will take my last newsletter opportunity as president to share with you some thoughts, provide an update on recent Board of Directors activities, and recognize some members whose efforts were paramount to the success of our society.

I wish to thank: Mark English, whose contributions are too numerous to detail. Mark did an outstanding job as treasurer and undertook many special projects, such as revising and distributing the bylaws and all the preparation for the ASHE chapter affiliation award. For his efforts and those of many other NEHES engineers, the society took home the Gold Award from the ASHE Annual Conference in Tampa.

The New Hampshire chapter for an excellent Spring Seminar. Engaging, nationally-acclaimed experts on legionella drew very good attendance in spite of a conflict with a blizzard.

The Maine chapter led by Don Garrison, Bob Lord, Ron Vachon, Jeff Mylen, Pat Taber, and all the others who made the 2001 "Down East" Fall Conference in Portland, ME a tremendous success.

Tom O'Sullivan coordinated efforts to reenergize the Western Mass. Chapter; this effort required numerous hours of planning, travel, and hospital visits but resulted in many chapter-sponsored informational meetings.

I again thank the entire NEHES Board of Directors as I do so often for their sacrifices, hard work, and dedication to the society. These are the volunteers who travel great distances and balance their rigorous schedules to respond to the society’s administrative demands.

Annual Retreat

The NEHES board again participated in the annual retreat. This year’s annual extended business meeting was held on Friday and Saturday, November 2-3, in Norwich, CT. Mark English made all the arrangements and was administrative facilitator of the event.

Some of the more intense topics included:
- Discussion on coordination of ASHE/NEHES joint membership registration.
- Process, cost, and application for the new Support Membership registration.
- Investigate corporate sponsorship for scholarships.
- Advocacy initiatives, membership drive strategy, chapter representative participation, conference facility contract negotiations, evaluation and revision of Board of Director guidelines for education chair.

Overall, more than 14 hours of planning were conducted in a windowless, lower-level conference room with no ventilation. We facetiously referred to this room as "The Cave."

Thanks to all the board members who traveled significant distances and sacrificed most of their weekend to make this business meeting so productive.

Goodbye

I want to congratulate our incoming president, Bob Okerholm and wish him success in the upcoming year.

Thank you all for making the past year so successful for NEHES, for participating in the educational programs that so many people worked on so energetically, and for supporting me, making this past year my most memorable in my 20 years of NEHES involvement. Especially, thank you all for the very special tribute and honor of availing me the privilege of representing you as New England Healthcare Engineer of the Year.

I would be most remiss if I did not acknowledge my administration at Lawrence General Hospital who supports my involvement with NEHES and recognizes the importance of the educational and informational resources provided through our society. Thank you, LGH!

Joe Mona

CHFMs Say Certification Recognizes Healthcare Engineers for Their Accomplishments

(from Page 1)

Would you advise other engineers to pursue certification?

Jack: Absolutely. It’s not only an individual certification, it also gives our profession and our career path a higher degree of credibility in the work place. A lot of other disciplines have certification processes. Know which sections of the exam you are the weakest in, then do a little education in the area. For example, if it’s finance, you may want to focus on that area from available resources.

Ron: Everyone should at least attempt to take the exam. It shows you different areas of expertise and you can see if what you’re dealing with is comparable to what other engineers are dealing with.

Jim: It’s an important step. Many of the other healthcare professions have certifications. It recognizes people for their accomplishments, and it can’t hurt to have it on your resume. They have made it difficult enough so it should maintain its credibility.

For more information,
- Visit the ASHE web site, www.ashe.org, click once on the Certification icon, then click on, view and/or print the CHFM Candidate Handbook.
- See http://www.aha.org/Certification/Chfm/ChfmIndex.asp for program details.

New Eligibility Requirements Set for the CHFM Examination

The following new eligibility requirements (indicated by underlined text) for the CHFM examination became effective January 1, 2002. To be eligible for the CHFM Examination, a candidate must fulfill one of the following requirements for education/work experience.

Baccalaureate degree plus 5 years of associated engineering experience*, 3 years of which must have been in a healthcare setting; 3 years of management/supervisory/administrative experience; and work experience in a healthcare facility within the last three years.

Associate degree plus 7 years of associated engineering experience*, 3 years of which must have been in a healthcare setting; 5 years of management/supervisory/administrative experience; and work experience in a healthcare facility within the last three years.

* Associated engineering experience refers to work experience in facility management; operations and maintenance; clinical engineering; safety and security; planning, design and construction; or environmental management.

Address questions about the exam application and administration to Applied Measurement Professionals, Inc., (913) 541-0400, or send an email to info@apmplcpro.com.

Address questions about certification to Maribeth Casey, (312) 422-3715, or by email, mcasey@aha.org.

Visit the ASHE web site, click on Publications/Products, and view a compendium of resources that engineers could purchase to use, along with other materials, in preparing for the exam.

(Editor’s note: The next issue of the NEHES Newsletter will include interviews with more NEHES CHFMs.)
Volunteers Re-Affirm Their Dedication to NEHES at the Board's Planning Retreat

NEHES board members, committee chair, and chapter representatives gather each year at an Annual Planning Retreat to review the current year's accomplishments and set goals for the next year. Many of the agenda items are familiar ones -- recognition programs such as the Engineer of the Year, education seminars for members, the budget, recruiting and retaining members, to name a few. This year, engineers discussed those items as well as a brand-new endeavor for the society -- a $40,000 Scholarship Endowment Fund (see complete article below).

The 15 NEHES members who attended the retreat spent more than 14 hours in planning sessions November 2-3 in Norwich, CT. Mark English, Director of Engineering at Hartford Hospital, was the retreat facilitator and "did a terrific job," said 2001 President Joe Mona. Engineers say the retreat format, started more than six years ago, helps them focus on the society's goals and programs and prepares them for their volunteer leadership roles.

"We have a chance to step back and appreciate all the accomplishments of the board and other members, and the development of the strategic plan is extremely energizing," said NEHES Secretary Dawn LeBaron.

"We identified some key issues that need attention over the next few years," said Jack Gosselin, longtime board member. "We were able to come out of the retreat with a focused perspective rather than a list of 100 things to do. Joe and Mark kept things moving along and the discussions pointed. Our evening at the Mohagen Sun Resort (Uncasville, CT) gave everyone an impressive exposure to the 2002 Fall Conference site."

"Our most important accomplishment at this meeting was to address and define the role and limitations of the supporting member," said Ron Vachon, Maine representative to the board and Public Relations Chair. "After a landmark decision at the annual meeting in September to allow our vendors to participate as members in our organization, healthy debate brought out many points of view to define the parameters that hopefully will assure fairness and protect the integrity of the society."

Ren praised the progress board members made in several areas, especially Education and Career Development and Membership. "It was nice to roll up our sleeves and work with the group, and help to maintain this healthy organization. It's an honor to be able to work with people who are truly dedicated to this organization." (See photos below.)

NEHES Scholarship Fund Established With $40,000
By Robert J. Thompson, PE, CHSM
The Thompson Group, NEHES Liaison to JCAHO

A significant new development at the 2001 NEHES Board of Directors Planning Retreat was the VERY strong commitment made to education in the form of a new NEHES Scholarship Endowment Fund. The purpose of the fund will be to support our scholarship program, in which we annually award tuition grants to students who are studying toward a career in the fields represented by our membership: facility engineers, facility managers, safety managers, and most allied disciplines in the healthcare industry.

This fund was kicked off with a $40,000 allocation of NEHES assets to reflect this level of commitment. The NEHES Board of Directors hopes the fund will ultimately become self-sustaining and will support increased grants through growth in assets.

Initially, scholarship grants will be made from earnings of investments from the assets of the fund supplemented by the annual operating budget.

Opportunities for corporate, estate, and memorial giving will be presented to our members and associates.

The board has asked me to coordinate development of the details for implementing the fund, and invites your suggestions as this plan unfolds. The board feels that this action elevates NEHES to a new height among professional societies. Please contact me at bobattg@mediaone.net, or by phone, (978) 887-6701, to offer comments or ask questions about the new fund.

2002 Officers

It's once again to thank the NEHES Board of Directors and officers who have volunteered, and will continue to volunteer, their time to the society, attending monthly board meetings, Fall Conferences, and Spring Seminars, and working on special projects.

The 2001 officers were: President, Joe Mona, Director of Facility Systems, Lawrence General Hospital (Lawrence, MA); President-Elect, Bob Okerman, Facility Director, Saint Elizabeth Home (Providence, RI); Interim Treasurer, Mark English, Director of Engineering, Hartford Hospital (Hartford, CT); and Secretary, Dawn LeBaron, Director of Facilities Management, Fletcher Allen Health Care (Burlington, VT).

The 2002 officers are: Bob Okerman, President; Mark English, President-Elect; Dawn LeBaron, Secretary; and Dana Swenson, Treasurer. Dana is a former NEHES member now back in New England as Vice President, Facilities Management and Development, Beth Israel Deaconess Medical Center (Boston). Nominating Committee members were Joe Mona, Bob Okerman, Dawn LeBaron, Mark English, Bob Lord, Dana Swenson, and Ed Boyer.

Top photo: Mark English facilitated discussion at the retreat.
Middle photo: Time for a break — from left to right, Tom O'Sullivan, Don Garrison, Bob Lord, and Dana Swenson.
Bottom photo: (L-R) Dawn LeBaron, Joe Mona, Bob Okerman, Kevin Keating, and Steve Shaw were among the 15 NEHES members attending the retreat.
(Photos by Joe Mona and Ron Vachon.)
Kevin Keating Marks His 28th Year in Unique Shriners Burns Hospital—Boston

Kevin Keating is a healthcare engineer who works in a very special place. The Shriners Burns Hospital-Boston is a 30-bed facility providing medical care for children who have severe burns over 80% to 90% of their bodies. One of 22 Shriners hospitals in the U.S., the hospital also conducts several programs to help young patients return to normal life after their hospital stays.

"I enjoy spreading the word about the Shriners Hospitals," said Kevin, who joined Shriners part-time in 1973 when he was a business administration student at Suffolk University. "Seeing young children fully recover and go on to live productive lives is very gratifying."

Shriners hospitals are unique in several ways, he said. All patient care is free. Instead of relying on third party payments to fund operations, earnings from the Shriners Endowment Fund cover expenses. The total budget for all Shriners hospitals this year is $567 million.

"In all my years here, no one has been laid off due to budget cuts," Kevin said. "This certainly makes the budget process a lot less stressful than in most facilities."

Since 1973, Kevin has had seven different positions with ever-increasing levels of responsibility. His job title now is Director of General Services, and he oversees Maintenance and Engineering, Safety and Security, Environmental Services, Transportation and Parking, Communications, and Food Services. "Shriners gave me the opportunity to grow and also paid for my education," said Kevin, who may pursue a master's degree next year.

The biggest challenge he has faced at Shriners was his involvement in the construction of its new $90 million hospital, completed in May, 1999. This unique, seven-year project first created a five-story replacement facility only eight inches above the roof of the old four-story hospital. The hospital then moved up into the new facility (supported by 14 columns). Workers tore down the old hospital, then filled in under the new upper floors with three levels of parking below grade and four additional hospital floors. In the process, the hospital expanded from 80,000 to 200,000 square feet without once interrupting patient care. The project earned an Associated General Contractors' 2000 Build America Award.

Kevin holds NFPA, ASHE, and IAHSS memberships; he is also a 15-year NEHES member and a five-year member of the Boston Hospital Plant Engineer's Club. The club is one of four Massachusetts engineering societies recognized by NEHES, and many of its members are active in ASHE and NEHES. It has 12 members and meets 10 times a year. Kevin rarely misses its meetings, and he regularly attends NEHES meetings as the Boston club's representative. Both groups are valuable for networking, sharing information, and meeting interesting, knowledgeable people, he said.

"Kevin is a vital representative from the Boston group," said NEHES President Joe Mona. "He was instrumental in assisting me as President-Elect in putting together a successful Fall Conference and spouse program last year. He is a soft-spoken, true gentleman. What he says is always something of substance, and he's always willing to assist in a project."

Rhode Island Facility Votes Against Renovation and For New Construction

Five years ago, administrators of the Saint Elizabeth Home in Providence, RI made the difficult decision to build a new nursing facility 15 miles away in East Greenwich instead of renovating their aging structure again.

Several factors pointed towards new construction. Local historic district codes prohibited changes to the building's front façade. Residents didn't have private baths, and the 86-year-old home needed more common living areas. No land was available for future expansion. The facility's limitations even dictated staffing needs: over the years, Saint Elizabeth's Home had acquired two wings, one with three stories and the second with two stories. Code required five RNs to cover three shifts per day, seven days per week.

Now residents of Saint Elizabeth's, which provides long-term care, rehabilitative services, and care for Alzheimer's disease and related dementia, live in a brand new, $14 million, state-of-the-art building in three, easy-to-supervise nursing units of 40 beds each with expansive common areas, more outdoor space, private baths, and even a chapel with St. Elizabeth, patron saint of the healthcare community, portrayed in its stained glass window.

Construction began in November, 1999, and ended in July, 2001. Facilities Director Bob Okerholm, also the NEHES President-Elect, had the challenging task of supervising new construction while keeping operations going at the old facility. A typical day found him making several round trips between the new and old facilities, attending construction meetings and seeing foremen at the new location, while doing his regular job at the old home.

Moving day required a lot of advance planning because all operations at both facilities ran concurrently that day. Bob coordinated the moving trucks. Saint Elizabeth staff divided the day into 15-minute increments from 6 a.m. to 5 p.m., scheduling every activity down to which facility patients would be in when they needed their meals and medications. A volunteer or family member accompanied every patient during the move. Even the facility's two cats and resident parrot,
Chapter in the Spotlight

Western Massachusetts Society of Healthcare Engineers is Revitalized, Meeting Again

Thanks to Tom O’Sullivan and Pierre Richard, prospective chapter and NEHES members in western Massachusetts can once again network with other professionals and benefit from timely educational programs. Tom, a retired healthcare engineer active in NEHES, and Pierre, Manager of Energy and Trades at Baystate Medical Center (Springfield), agreed more than a year ago to resurrect the inactive Western Mass chapter, which had lost several active members due to job changes and a death. Both long-time chapter and NEHES members, Tom and Pierre knew firsthand the benefits of chapter and society involvement.

Encouraged by assistance from Joe Mona, NEHES President for 2001; NFPA Liaison Gene Cable, who joined WMSHE because his area, Albany, NY, lacks NEHES affiliates; and other engineers, the chapter met formally in May at Western Massachusetts Hospital (Westfield).

Engineers first elected new officers. Tom urged Pierre to become chapter president again (Pierre held the office several years ago), Pierre agreed, and planning proceeded. Other officers are Don Rivers, Vice President, Mercy Hospital; Dennis Lessard, Secretary, Baystate Medical Center; Dave Asselin, Treasurer, Western Mass Hospital; and Tom O’Sullivan, WMSHE Representative to the NEHES Board of Directors.

At the organizational meeting, engineers also discussed bylaws, planned educational programs until June, 2002, and heard Gene Cable, NEHES Liaison to NFPA and Regional Safety & Fire Protection Engineer, Department of Veterans Affairs, speak on JCAHO Plans for Improvement. Several members brought their facilities’ PFFs to discuss with Gene. In October, Stratford Associates presented information on Liquitech, an electronic liquid purification system that treats legionella in potable water systems. The January program will deal with CAD systems; programs concerning JCAHO issues are planned for future meetings.

Other facilities represented in the chapter are Mary Lane Hospital, Holyoke Hospital, Providence Hospital, Quaboag on the Common, and Cooley Dickinson Hospital. Employees of long-term care facilities can join, too. “We have the potential for a very large group,” Pierre said.

The chapter meets every other month instead of monthly. “Every month seems to be a little too much to get a quality meeting together,” Pierre said. “Our goal is to get a quality meeting, not just get together to say hello. We’re moving the meetings around to different facilities, planning for vendor presentations, and asking members to recruit other members.”

Joe Mona praised the organizational effort. “Tom, Pierre, and all the other members are doing a dynamite job. We’re very grateful for their help.”

“Pierre and Dennis are putting together an excellent list of educational programs that will really entice people to come to meetings and be more active,” Tom said.

Engineers who want to attend WMSHE meetings should contact Pierre by phone, (413) 784-4509, or by email, pierre.richard@bbs.org.

Retiree is Still Reaping the Benefits From Belonging to NEHES and Affiliated Groups

In the three short years since Dave Hathaway retired the second time from a healthcare position, the former NEHES president has had an extraordinary life. He travels to several corners of the world, volunteers his time and skills, still attends NEHES and Boston chapter meetings, and even manages to “smell the roses often.”

Dave’s first retirement was in 1996, from his post as Director of Engineering at Mount Auburn Hospital (Cambridge, MA). Then he took a two-year, part-time job as the construction manager at Franciscan Children’s Hospital in Brighton. “How ironic that this was the first hospital to offer me a job when I left the Navy in 1975,” Dave recalled. “Back then, I did not want to work in Boston and I thought the hospital was too small! However, I had a very pleasant experience working part-time there.” He followed this position with short stints as a 2000 census worker and as a landscaper at Lexington Gardens.

Formerly a member of the Middlesex Engineers Society and the Boston Hospital Plant Engineers Club (both affiliated with NEHES), Dave still attends many of the two groups’ meetings. “The changes which have been forced upon the engineers in the past few years have been significant and I certainly feel their stress,” he said.

Now an honorary NEHES member, Dave attended the Past Presidents’ Breakfast and the JCAHO inspections education session during the NEHES Fall Conference in September. Dave joined NEHES in 1975 when he worked at Lawrence Memorial Hospital (Medford, MA) and was an enthusiastic member right from the start. “After only three weeks on the job, I persuaded my boss that NEHES would be helpful to me. I attended my first seminar — it was in Burlington, VT that year — and I was grateful that NEHES let me attend for only one day.”

He highly recommends that healthcare engineers join and remain in NEHES. “The association with fellow hospital engineers has made me feel as though there were no questions or problems that I would have to wrestle with alone,” Dave said. “I could find answers to them quickly when there was the need. Also, I felt much satisfaction in reversing that and helping my fellow engineers. We all stood together to make our hospitals excellent places and there was no jealousy between us.”

He and his wife, Harriet, have traveled to Australia, China, England, Russia, East Germany, Finland, Sweden, and Denmark. In January, they drove 8,000 miles, visiting friends along the way, and ended up in Taos, New Mexico, “where we stayed in an earthship environmental home which could be built for $25,000 from old tires and get its heat energy from the sun,” Dave reported.

Dave donates his time to FISH, a volunteer group of drivers providing transportation to needy people, he organized the 50th reunion of his Lexington High School class, and he is also a volunteer for American Medical Resources Foundation which collects and sends used hospital equipment to third world countries. He’s thinking of doing even more volunteer work, this time at the Lahey Clinic. “I know that they can use people and one of the aspects of retirement is that you want to make yourself useful,” Dave said.

Joint ASHE/NEHES Billing Program Continues to Offer Two Memberships on One Invoice

The joint billing program between ASHE and the New England Healthcare Engineers’ Society has been in process since March, 2001. Following are the results achieved as of December, 12, 2001:

- Sixty-five people have taken advantage of the joint membership to date, including:
  - 22 new ASHE members who were only members of NEHES previously;
  - 11 reinstated ASHE members (people who had memberships terminated prior to 12/31/2000);
  - 32 existing ASHE/NEHES members.

At the beginning of the program, there were 208 potential joint members, which means we have had a conversion rate of 31%. Out of 152 prospective members at the beginning of the program, we have had a response rate of 21% (33 new or reinstated members). Out of the 80 existing ASHE members, 40% have taken advantage of the service to date, and 11 members (13%) have since dropped their ASHE membership. Twenty-three individuals have not been extended the offering (their expiration dates are in January, February, March, 2002).

(Contributed by Susan MiHale, ASHE Director of Membership)
Important Dates

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

March 29, 2002:
2002 NEHES Spring Seminar
Four Points Hotel, Leominster, MA
Organizers: Vermont Healthcare Engineers’ Society

July 29-31, 2002:
59th Annual ASHE Conference and Technical Exhibition
Nashville Convention Center, Nashville, TN

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

Spring, 2003:
2003 NEHES Spring Seminar
Organizers: Massachusetts chapters

NEW NEHES OFFICERS

President
Robert Okerholm
Saint Elizabeth Home
1 St. Elizabeth Way
East Greenwich, RI 02818
(401)471-6060 ext. 122 (401)471-6072 fax
bokerholm@steizabethhome.com

First Vice President
Mark English
Hartford Hospital
80 Seymour St., PO Box 5037
Hartford, CT 06102-5037
(860)545-2661 (860)545-3169 fax
MengUIS@hartbosP.org

Secretary
Dana Suwenson
Beth Israel Deaconess Medical Center
171 Pilgrim Road (Stop MT-2)
Boston, MA 02215
(617)632-8211 (617)632-8272 fax
dswenson@caregroup.harvard.edu

Treasurer
Dawn LeBaron, CHFM
Fletcher Allen Health Care
111 Colchester Ave.
Burlington, VT 05401
(802)847-0321 (802)847-4850 fax
dawn.lebaron@vtmednet.org

STATE/CHAPTER REPS.

Connecticut
Mark English*

Maine
Ron Vachon
St. Andrews Hospital and Healthcare Center
PO Box 417

Rhode Island
Bob Okerholm*

Vermont
Dawn LeBaron*

COMMITTEE CHAIRS

Education & Career Development
Mark English*

Engineer of the Year
Joe Mona*

Membership
Joe Mona*

Newsletter Editor/Website
Steve Cutter, CHFM
Dartmouth-Hitchcock Medical Center
One Medical Center Drive
Lebanon, NH 03756-0001
(603)650-7148 (603)650-8978 fax
Steven.D.Cutter@Dartmouth.org

Public Relations
Ron Vachon*

Scholarship
Joseph Waszczyna
Hartford Hospital
80 Seymour St., PO Box 5037
Hartford, CT 06102-5037
(860)545-2661 (860)545-3169 fax
jwaszczyn@hartbosP.org

Steering & By-Laws Co-Chair
Robert Loranget, CHFM
New England Medical Center
750 Washington St. NEMC #334
Boston, MA 02111
(617)636-5267
(617)636-4243 fax
rloranger1@lifespan.org

Joseph Mona*

ORGANIZATIONAL LIAISONS

ASHE
Don Garrison
Franklin Memorial Hospital
1 Hospital Drive
Farmington, Maine 04938
(207)779-2200 (207)779-2736 fax
dgarrison@fhm.org

JCAHO
Bob Thompson, PE, CHSM
110 Middleton Rd.
Boxford, MA 01921
(978)887-6701 (978)887-6702 fax
bobtiggle@lrthekeu.net

NEPA
Eugene Cable, PE, FFE
Department of Veteran Affairs
P.O. Box 8500
Albany, NY 12208
(518)626-5551 (518)626-5556 fax
Eugene.Cable@med.va.gov

SEMINAR CHAIRS

2002 Spring Seminar
Dawn LeBaron*

2002 Fall Seminar
Mark English*

* Employment listed above
Major Healthcare Network JCAHO Survey Series
Observations on Community Care Clinics: A Series Summary—Part V

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

This closes the series covering observations in a JCAHO survey of a major New England network of 10 active hospital divisions. The series has discussed several categories of observations, many of which seasoned managers will recognize, but others might find unfamiliar. The series included "Review of Programs" (Parts I and II), "Program Validation Inspections" (Part III), and "Survey Process and Methods Which Impressed the Surveyor" (Part IV). This concluding segment presents surveyor observations in Community-Based Outpatient Clinics.

If you have comments, questions, or new observations, or if you would like a copy of the entire series, please send your request and mailing address to: BobatTTG@medialone.net.

Community-Based Outpatient Clinics

Programs and practices at CBOC were reviewed by clinical surveyors. Most notably in this network-wide survey during visits to community-based outpatient clinics, the nurse surveyor quizzed contract personnel on what they would do in a fire and questioned employees about staffing, fire drills, and management of biomedical equipment. Other issues covered included:

- Emergency preparedness and annual drills;
- Hazard surveillance;
- Consistency in policies and equality in practice between CBOC and parent hospitals;
- Fire safety and fire drills;
- Handling of biomedical equipment maintenance and repairs.

Series Summary

The survey of multiple hospitals in one healthcare network has given us an opportunity to observe differences and similarities between the several divisions of a corporate body. This series has presented observations of the process employed by surveyors.

Consistent with long-term JCAHO goals, surveyors seek a culture change from traditional views of the Environment of Care (EcC). The surveyors were particularly interested in unique local activities, and command these special efforts when presented. Overall, the survey process is marked more and more by thoroughness, depth of content, consultative support, cross training, competence in EcC issues, courtesy, and cooperative spirit.

This survey process exemplified surveyor cross training and increased depth in the EcC among Behavioral Health, Nursing, Physician, and Administrative Surveyors. Clinical surveyors are increasingly exploring EcC issues. This reflects well on the inclusion of safety within the responsibility of everyone in the healthcare environment.

Throughout the survey, consistency within facilities and among the hospital divisions was sought and expected. Clinical staff were quizzed on safety education and patient safety more than ever before. The surveyor looked into top management interface with the Environment of Care Committee (EcCC). Evidence of the effectiveness of programs was sought, as well as explicit program effectiveness statements by the EcCC. Specific performance improvement initiatives for all areas are to be generated by the EcCC. Annual reports must reflect "where you were, where you've been, where are you, and where are you going." Facilities with construction underway receive comprehensive attention in how the healthcare environment is impacted for life safety, infection control, and emergency preparedness.

Some Issues to Expect in the Future

The areas of management of bio-terrorism and acts of mass destruction, including their impacts on hospitals, have increased importance, but at the time of these surveys, the survey team could not agree on suggested techniques. Of course, as a result of September 11, we can expect a deluge of advice from many sources. It is essential that it all can be sorted out in a way that real effectiveness will result from the reaction.

"The Big One," the Patient Safety emphasis, has come to the forefront as an element in the revised mission statement of JCAHO. The initiative is aimed at clinical issues of patient safety and inevitably will manifest itself in, among other standards, new and expanded EcC standards. You will want to follow changes in the EcC standards, and we will do our best to keep you advised.

Fire Protection Engineer Writes to CMS About Adoption of Additional LSC Rules

Editor's note: Recently, ASHE asked its membership to comment back to Centers for Medicare and Medicaid Services concerning a proposed rule to adopt the 2000 Edition Life Safety Code with proposed additional rules. Gene Cable, PE, FPE, the Regional Safety & Fire Protection Engineer, Department of Veterans Affairs, Albany, NY, responded, representing his own personal opinions and on behalf of the VA Network 2, not in his volunteer capacity as NEHES Liaison to NFPA. Here is his letter to CMS; we thought you would be interested in the issues Gene addressed.

To Whom It May Concern:

Concerning the Notice of Proposed Rulemaking (NPR) to change the Life Safety Code (LSC) reference from the 1985 edition to the 2000 edition. I am one of several fire protection engineers working for the VA as a Regional Safety and Fire Protection Engineer. In that capacity I act as the Authority Having Jurisdiction (AHJ) representative for Network 2 and am directly involved in community and nursing home inspections where we place veterinans and represent the VA on several NFPA Technical Committees including Life Safety Code – Fundamentals, and Life Safety Code – Contents and Furnishings.

I fully support your notice to adopt the 2000 Edition Life Safety Code and would hope the JCAHO will adopt the 2000 Edition as well. This one action, I think long overdue, would resolve the current re-occurring and sometimes expensive confusion of different code editions applied by different agencies.

(Continued on Page 2C)
Letter Calls for No Changes to the 2000 Life Safety Code in Several Key Areas

(from page 1C)

-Recommend you make NO CHANGES to the 2000 Code as written. This means Chapter 5, Performance Based Design, would be accepted and enforced as written. Performance Based Design is the future in building codes and true fire protection engineering. The Society of Fire Protection Engineers has published a guide for designers, and the International Building Codes are developing code language for performance based approaches to building design. The whole point is to design for optimum life safety at the least cost. CMS should NOT block technical progress, especially when the consensus code making process has embraced the technical and procedural aspects of performance based design. Third party technical review might resolve CMS jitters about advanced design techniques.

-Repeat, recommend you make NO CHANGES to the 2000 Code as written. CMS as the AHJ can certainly publish or otherwise establish interpretations when code language is not clear or where code language invites AHJ judgment. Recommend this be your guiding principle in rule making concerning this code. For example, the proposed rule to delete exception #2 concerning roller latches goes against the principle of consensus code, you should not change code. Recommend dropping this CMS change to code. BUT, in fact that exception invites and allows AHJ judgment. I’II quote the 2000 Edition, section 19.3.6.3.2; “Exception No. 2: Existing roller latches demonstrated to keep the door closed against a force of 5 lbf shall be permitted to be kept in service if acceptable to the authority having jurisdiction.” Please note, the underlined words are not in the 2000 Edition but are in the 1997 edition. The 2000 Code took these words out because they are redundant. When code states “shall be permitted” it means the AHJ must make a judgment. In this case CMS should not change the consensus code, but you could make an across-the-board judgment that roller latches are not acceptable. My personal preference is to leave that judgment to the inspector who examines local conditions rather than issue a blanket judgment. The CMS inspection checklist should be worded to force the local inspector to make this judgment. My experience is that roughly 70% of facilities with roller latches do not properly maintain them, but why penalize the other 30% who have?

-Repeat, recommend you make NO CHANGES to the 2000 Code as written. Section 18.3.4.5.3, corridor smoke detection in nursing homes, should stay as stated in 2000 Code. The consensus process has spoken. Again, CMS may make a rule to require exception #1, smoke detectors in sleeping rooms, rather than corridor detection. Technically speaking, I can prove that room smoke detection does add early warning value in healthcare facilities protected with quick response sprinklers whereas corridor detection does not.

I wish to make one more statement concerning corridor smoke detection. It was in part my technical research and fire modeling efforts, on behalf of VA interests, that convinced the Life Safety Code Technical Committees that quick response sprinkler protection eradicated the need for corridor smoke detection in health care occupancies. From a fire protection engineering perspective, I am convinced, as are many others, that corridor smoke detection is of no value where staff is present and quick response sprinklers are installed. The VA produced an 18-page report dated August 5, 1988 stating the position that “where quick response sprinklers are utilized throughout, no life safety benefit is realized by having corridor smoke detection.” Unfortunately for the 1997 Edition and 2000 Edition, business operates beyond and in spite of technical data moved the consensus process to require corridor smoke detection.

Concerning corridor detection, CMS should stand proud in its efforts to apply fire protection technical principles and open the debate on a more technical basis. But as stated above, I believe the overriding principle is to apply the code in total as promulgated by the consensus process and thereby avoid the confusion of different agencies enforcing different codes. The corridor detection requirement should stand as written in code. Some other process, such as a blanket equivalency or a code change, should be undertaken to change the requirement…"

“Advocacy Opportunity” Fax Back Vote Results Show Clear Majority Opinions

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

NFPA 101 Life Safety Code, 2003 Edition is in the process of code change review and comments to technical committees. Referring to the article I wrote in the October, 2001 issue of the NEHES Newsletter, we are in step five of the 12-step code change dance. You may have noticed this question in the last NEHES Newsletter: “So, how can we poll the membership on code change proposals and at the same time explain the issues surrounding the proposed change?”

The NEHES Board of Directors decided that the best course of action, particularly since timeliness is critical, was a direct mailing. Prior to this direct mailing, Doug Erickson, FASHE (the nationally-recognized advocacy representative from ASHE who serves on the Life Safety Code Health Care Technical Committee), reviewed and concurred with the “Advocacy Opportunity” document asking for your votes, saying this was adequate pro and con information.

You responded promptly and in sufficient numbers to identify a clear group majority opinion on these six proposals. Forty-four fax back documents were received from NEHES members and the vote results are shown below.

Our intent is to a) influence Doug Erickson’s committee vote according to your vote and, b) to have the NEHES board send a comment to NFPA (code change dance steps 5 and 6) concerning each of the six issues.

If you voted in the minority on an issue and feel strongly about it, there is always the opportunity for you to state your case to the NEHES board through your state chapter representative and/or you can submit written comments directly to NFPA.

I encourage you to do so; more participation in the process is a good thing.

Any questions can be directed to me by phone, (518) 626-5551, or by email, Eugene. Cable@med.va.gov.

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