Register Now for Fall Conference Sept. 29—Oct. 2

Fall Conference, with the theme of “Healthcare Facilities Challenged,” is just around the corner...don’t miss getting the latest information on timely and critical topics while networking with other healthcare professionals and discussing mutual issues and concerns, all the while enjoying the spectacular Mohegan Sun Resort.

Presented by national experts, the agenda topics include:
- ASHE Update
- Fuel Cells
- Mohegan Sun Tour Behind the Scenes
- Mohegan Sun Environmental Initiatives
- Infection Control Risk Assessment During Construction
- Electric Deregulation
- Brains Before Bricks (Some Do’s Before Major Projects)
- Huge Technical Exhibition
- JCAHO Update
- Navigating Healthcare Change
- Emergency Preparedness

The 2001 Engineer of the Year will be announced as well. See Page 12 for conference registration information.

Employers Start to Take Notice of the CHFM Designation

CHFM certification doesn’t guarantee that a job change or promotion will follow, but several healthcare engineers do find new positions or realize promotions after they pass the CHFM exam. Some employers are beginning to take notice of the designation (new in 2000) and either make the certification a condition of employment, choose job candidates who have qualified as CHFMs instead of those who haven’t, or encourage their own employees to become certified.

Sodexo Health Care Services, for example, prepares current employees to take the CHFM exam via a new program called Multi S.T.A.R.S. Designed by a Sodexo manager, the program is free for any employee who meets CHFM education and experience requirements.

Employees take a job competency pre-test and receive appropriate resource materials to help them prepare for the post-test and then the CHFM exam.

"The program gives our engineers an opportunity to experience what the actual certification test will be like," said Lynne Adams, Sodexo’s Director of Communications. "Our goal is to have 100% of our Engineering and Environmental Services Directors certified."

Many businesses and non-profits now list the CHFM certification as a requirement for a new position, said Maribeth Casey, Executive Director of the American Hospital Association Certification Center (AHA-CC). "Companies are also building the CHFM certification into (To Page 3)

There’s Never Been a Better Time to Join NEHES!

If you know someone who is a potential Active or Supporting Member, why not give them a copy of the membership application inserted in this newsletter?

ATTENTION, Fall Conference attendees: you can attach a check to your completed application (or fill in credit card information) and hand it to NEHES members who will be working at the conference registration desk.

Healthcare Engineers: October 20-26 is YOUR Week!
Health Care Engineering Week

Each year, the third full week of October is declared Health Care Engineering Week to celebrate the contributions healthcare engineers make to their profession and their facilities.

The 2002 Healthcare Engineers Week will be observed October 20-26. NEHES members who are also ASHE members may contact ASHE for: 1) Ways to celebrate; 2) Steps to obtain proclamation; 3) Press releases; and 4) Special gift items to commemorate the week.

ASHE encourages engineers to "recognize yourself, your department, and your staff during Health Care Engineering Week. "Observed annually during the third week of October, his special week provides the opportunity for you to give recognition and share with other employees your vital role in keeping a safe, secure and functioning environment."

NEHES Achieves ASHE Level of Gold Affiliation for the Fourth Straight Year

NEHES President Bob Okerholm (left) accepts the ASHE award from ASHE President Wayne Klingelsmith. NEHES Members Ron Vachon and Jack Gosselin were honored at the ASHE Annual Conference. See Pages 8-9 for conference stories. Photo by Mark English.
President's Comments

By Robert Okerholm
NEHES President

My report to you in this, the 3rd quarter edition of the NEHES Newsletter, reflects both Society and personal positives and personal negatives.

First, the bad news. I am no longer employed by a healthcare organization here in Rhode Island after 18 years of service. However, every cloud has a silver lining: because of the Insignificates changes to the NEHES Bylaws in 2000 under the leadership of then-President Bob Loranger, I can continue and complete my role as NEHES President and maintain the continuity essential to our Society. In the meantime, I am steadysly seeking new employment, particularly with the help of 2001 NEHES President and special friend Joe Mona. If my new position is healthcare engineering-related, I can continue as an active member. If not, I hope I can contribute as an honorary member. Either way, I hope to maintain my 17-year relationship with NEHES.

And now the good news. So far, 2002 has been an extraordinary year for NEHES. Much has been accomplished. Perhaps the best illustration of this was the 2nd quarter newsletter, published in record time and with a record amount of material. We can certainly bestow some of the credit to the authors of the articles and the ideas and events themselves. However, I want to exercise my prerogative as President and Single out two individuals for special recognition, not only for the 2nd quarter newsletter but also for years of dedication and service to NEHES.

First is Newsletter Editor Steve Cutter. Director of Engineering Services at Dartmouth-Hitchcock Medical Center in Lebanon, NH, Steve took over for former Editor and 1998 President Kurt Peterson in 2000, after serving as Education and Career Development Committee chairman from 1997 to 1999. As you can imagine, the editor of any publication should be curious, inno-vative, insightful, and above all, articulate. Steve possesses all of these qualities and many more, including quiet humility, humor, and being downright smart.

Second is Deb- orah Sullivan, Debbie was first hired as the newsletter publisher in 1996 by then- Newsletter Editor Dan Ayres, who was Vice President of Facilities Services at Fletcher Allen Health Care in Burlington, VT. At the time, Debbie was living in Hinesburg, VT, although she has since moved with her husband and daughter to Chapel Hill, NC. Even though she is now "far away," the NEHES Board of Directors continues to utilize her services because of the quality of her work and the diligence with which she pursues material for the newsletter, a daunting task considering the burdens on our potential authors.

I am happy to tell you that Debbie has accepted an invitation from the 2002 NEHES Fall Conference Planning Committee to attend the conference. So I encourage you to meet Debbie, thank her for her fine work, and discuss potential newsletter articles.

Speaking of which, I will add my voice to the chorus singing, "Attend the Fall Conference!" It is arguably the most significant of the value-added benefits of membership in NEHES. I can tell you that this conference has not gone unnoticed by our colleagues in other regions of the country and by our national organization, the American Society for Healthcare Engineering (ASHE). NEHES continues to receive recognition for these efforts, particularly via the "Levels of Affiliation" Gold Award that I had the privilege of accepting for NEHES at the Chapter Leadership Forum of the ASHE Annual Conference in Nashville, TN on July 29. Believe me, this was an experience that once again reinforced my pride in being a member of NEHES.

The NEHES Board has established the precedent of subsidizing the attendance of the Society leadership (typically the President and President-Elect) at the ASHE Annual Conference. In addition to the chapter leadership forum mentioned above, the 60-odd individual educational sessions presented over the course of four days, the cutting-edge perspectives on healthcare engineering issues, outside of our own Spring Seminars and Fall Conferences of course, available to the members of our profession.

I also had the opportunity to attend the ASHE Annual Banquet and Awards Ceremony on the evening of July 30th, at which NEHES Past President (1990) Jack Gosselin was formally recognized for attaining his APEx Senior designation (unfortunately, job duties prevented Jack from attending the conference) and Maine Healthcare Engineers Society member Ron Vachon received his ASHE Region I "Emerging Leader" award. Congratulations, Jack! His formal paper entitled "The Request for Proposal Process" was published as an ASHE Management Monograph in July. Congratulations, Ron! You are a credit to both MHEs and NEHES.

My fourth and final report to you as NEHES President in December will reflect, among other things yet to happen, the experiences of the Fall Conference and the 2003 Board Planning Retreat, scheduled for November 1-2 in the Newport, RI area. Stay tuned!

Time Marches On

Bob Okerholm

Which Came First... Theirs or Ours?

The NEHES Newsletter is mailed quarterly to members of the New England Healthcare Engineers' Society. NEHES Newsletter Editor: Steven D. Cutter, CHFM Director of Engineering Services Dartmouth-Hitchcock Medical Center One Medical Center Drive Lebanon, NH 03756-6001 Phone: (603)650-7148 Fax: (603)650-8978 E-mail: Steven.D.Cutter@Hitchcock.org

Florida or NEHES?

Mark English, NEHES President-Elect and Society archivist/historian, poses an interesting question to NEHES members: "The Florida Healthcare Engineering Association (FHEA, founded in 1962) has a logo identical to NEHES" (founded in 1958); so which one came first, theirs or ours?"

An article entitled "Emblem Contest Rules Announced" appeared on the front page of the June, 1961 NEHES Newsletter, Mark said, "but I don't know when the emblem (logo) was selected and adopted."

Jim Hutchinson CHE, Director of Support Services at Twin Cities Hospital (Niceville, FL), is FHEA's State Historian. He searched through several FHEA yearbooks and found a hand-drawn FHEA logo, dated October 21 and 22, 1963. "It is a circle with a gear, drawn inside the circle and then a triangle, t-square, and a lightning bolt, and the drawing was signed by R.G. LaFond, District 3 in Florida. The state of Florida was not imposed behind it until 1980 to 1984," Jim reported. Anyone who has further information about the NEHES or Florida emblems should contact Mark English, Menglis@harthosp.org, (860)545-2661.
Two More NEHES Members Earn CHFM Certification, a "Mark of Distinction"

Dino Fantegrossi and Ken Waite have joined the more than 125 individuals (including 13 fellow NEHES members) who have earned the designation of Certified Healthcare Facility Manager since the program began in 2000.

The American Hospital Association Certification Center (AHA-CC) conducts the program with collaboration from ASHE and others. ASHE President Wayne D. Klingelsmith, FASHE, CHFM, calls the CHFM "a premier credential providing distinction in our increasingly competitive marketplace." (See related story on Page 1)

Dino Fantegrossi is the Construction Project Manager at the Dana-Farber Cancer Institute, Boston, and has 25 years of experience in health care in the Boston area. He belongs to ASHE and the Association of Energy Engineers. "I've done just about every plant operations function, but I presently enjoy Energy Management, Building Automation, Construction, and Renovations," he said. "I'd love to stay in plant management for about 10 more years and then teach at a local university in a construction management program. I love to talk and teach."

Ken Waite is the Facilities Manager at Hillcrest Terrace Retirement Community in Manchester, NH. He worked as a licensed electrician and as a Senior Production Supervisor at the former Data General, and served 20 years in the military. In health care for 14 years, he worked at hospitals in New Hampshire and Georgia before joining Hillcrest in 1997. His responsibilities include Maintenance, Construction, Security, and Safety. Ken is President of the New Hampshire Society of Healthcare Engineers and joined ASHE and NEHES several years ago.

The NEHES Newsletter asked Dino and Ken about the CHFM exam and their feedback for other healthcare engineers who might consider pursuing the certification.

Why did you pursue certification?

Dino: To prove to myself that I DID reach the level of professional proficiency that my peers deem essential, and to earn a credential that might make me more "marketable" in the future.

Ken: For personal satisfaction, and to validate my feelings about my knowledge and skills or tell me what areas I needed to study.

Did you prepare for the CHFM exam?

Dino: I REALLY trained for this exam by taking a five-day course in Energy Management with the Association for Energy Engineers. This course prepared me to take another exam to become a certified CEM (Certified Energy Manager). It was very intensive and forced me to improve my mechanical/electrical calculation skills. About the same time, I was preparing Dana-Farber's Statement of Conditions for JCAHO and it also forced me to really learn Life Safety and Egress issues. Beyond that, I guess I relied on college and experience and got lucky.

Ken: No, I didn't prepare for it. I relied on my job experience and knowledge.

Do you have any feedback or advice for other engineers who might consider taking the exam?

Dino: My feedback is: DO IT! Use the exam itself as your preparation. If you fail only, study the areas you did poorly in and retake it. I believe that it is important for our profession to establish and maintain a high level of competence, and this credential is a good tool to accomplish this goal.

Ken: I've told everyone at our chapter meetings to take the test. A lot of people would pass it if they took it. For years and years, we've been looking for a means of certification, and now we have it. This program shows other societies that we are very active.

CHFM Certification Becomes Part of Some Employees' Development Plans

(From Page 1)

their employees' professional development plans. We applaud this approach and hope that employees will ask for the CHFM certification to be included in their professional development goals, and that more employers will encourage their supervisors to include the CHFM certification in their employees' development plans.

The AHA Certification Center is promoting the CHFM program to hospital administrators and executives with regular information in email, newsletters, and magazines, she said. "We also encourage certificants and members of our professional associations to talk among their peers and supervisors about the benefits of professional certification and share their own success stories. Four AHA PMGs, including ASHE, regularly encourage their members to pursue professional certification, and each offers onsite administration of the relevant exam at their conferences. For example, ASHE provided a 'paper-and-pencil' administration of the exam in Nashville August 1 during its annual conference."

NEHES member Jack Gosselin, SASH, CHFM, is Managing Director of SDA Arneill International (Glastonbury, CT), a healthcare management consulting group specializing in fast track strategic and facility planning as well as operational development in the facilities management area. "I occasionally find myself involved in some level of recruitment for our healthcare clients," Jack said. "When I explain the program (CHFM), it becomes very obvious that certification needs to be a part of the selection criteria. This credential, coupled with the education and experience component, gives the organization a valuable set of criteria by which to evaluate applicants. The unique feature of being able to take the CHFM exam 'on demand' makes the certification attainable for anyone who might apply for a 'CHFM Required' position."
Continuing the NEHES tradition of providing annual one-day Spring Seminars that focus on timely and critical educational topics, George Mills, FASHE, CEM, updated more than 70 members March 29 on JCAHO issues, infection control risk assessment, emergency preparedness, building maintenance, clinical equipment, utilities inventory, emergency preparedness, annual evaluations and performance monitoring, and Statement of Conditions. NEHES chapters take turns organizing the annual seminars, and NEHES members suggest topics and appropriate speakers.

**The Speaker:** George Mills, president of MM EC Ltd. of Napierville, IL, is a former Associate Director in the JCAHO Department of Standards, interpreting Environment of Care standards, and a former Director, Engineering and Compliance, for ASHE.

**The Organizers:** Co-chairs were Bob Cummings and Dawn LeBaron, CHFM, both of Fletcher Allen Health Care (Burlington, VT). Their fellow members of VHES (Vermont Healthcare Engineering Society) assisted. As usual, the program was held at the Sheraton Four-Points Hotel, Leominster, MA. Next year’s Spring Seminar will be held at the same hotel on Friday, March 28, 2003.

**The Sponsors:** NEHES and VHES thank these sponsors (and their representatives) for their support of the seminar: Cochrane Ventilation, Inc. (Brent Moore); Control Technologies, Inc. (Terry Reynolds); H.P. Cummings, Inc. (Ben Harrington); Lavallee Brensinger Professional Association (Barry Brensinger); and William G. Frank Medical Gas Services, Inc. (Bill Frank).

**The Feedback:** "We had a very successful seminar, and George presented an awesome program. There were lots of questions and great interaction between George and the group. The general consensus is that the seminar went very well, and the vendors all responded with positive notes." **Bob Cummings,** Manager, Construction Services, FAHC.

"George gave a ‘real time’ overview of the latest issues in the JCAHO Environment of Care. This was especially pertinent for us at Fletcher Allen as we had just had our survey. I had the pleasure of attending with most of my management staff and we gleaned many great tips to improve our program here. The good news was that much of the information confirmed that we are on the right track, and hearing that from a well-known authority such as George Mills is very reassuring. The attendance was strong and people stayed right to the end in spite of that being Easter weekend." **Dawn LeBaron, CHFM,** Director of Facilities Management, FAHC.

**Roger Quinley,** Director of Design and Construction, Middlesex Hospital (Middletown, CT), said, "I had hoped to get further insight into JCAHO survey requirements/techniques for our upcoming survey and I did. The presentation was crisp, to the point, and worthwhile. I would attend another Spring Seminar and would definitely recommend it to other engineers.”

**Mike Bradstreet,** Director of Facilities at The Acadia Hospital (Bangor, ME), attended to get more education. He was pleased by Mills’ program and will attend future seminars.

**Ed Lydon,** CHFM, Assistant Vice President of Facilities, Champlain Valley Physicians Hospital (Plattsburgh, NY), said, “I had hoped to get an overview of current JCAHO information and what lies ahead in the future. I did get the supporting material and it was very helpful. I was able to pass information onto the Facilities staff for further discussion. The meeting was very much worth attending, and I will go again.”

**Pat Tuber,** CHFM, Construction Project Manager, Eastern Maine Medical Center (Bangor, ME), attended his first Spring Seminar to get JCAHO updates and network with other healthcare engineers. He was particularly happy to come away from the seminar with a better understanding of how surveyors are trained and what their focus is during surveys.

**Gerald Sabourin,** Facilities Manager, FAHC, wanted information "which is easily digested and able to be shared with co-workers at my facility to better able us to do our jobs. This was a great presentation and the information was timely for FAHC.”

**Ken Johnson,** Facility Director, Worcester (MA) State Hospital, said the seminar was “excellent and very informative.” "I don't know whether it was taped or not, but it would be good if these sessions were available on video or cassette tape as ASHE sessions are. If the PowerPoint presentation was available with narration on a CD-ROM, that would be even better. As for the Fall Conference, my agency will not reimburse for any seminars held outside of Massachusetts. If I want to attend, I will have to pay the entire cost, whereas they would probably pay for a CD-ROM, video, or audio cassette tape.”

Highlights of the seminar for **Larry Moser,** Director of Facilities at Berkshire Medical Center (Pittsfield, MA), were “a great speaker and great coverage in one day, done nearby and at the right price. Keep up the good work.”

NEHES members see what Control Technologies is exhibiting (far left). Brent Moore, Cochrane Ventilation, Inc., talks to engineers (near left). Below, NEHES members Steve Cutter (left) and Joe Mona (right) never miss any NEHES seminars.
Welcome! New Members Come from Healthcare Facilities and Businesses

The NEHES Board of Directors approved 16 new members at its June meeting. NEHES members, why not send your new colleagues an email or make a phone call to welcome them?

From Connecticut:
David J. Reihl is the President of NovaMed Corporation, 30 Nutmeg Dr., Trumbull, CT 06611. Areas of responsibility: biomed and diagnostic imaging equipment service. Phone, (203)380-5165; fax, (203)380-8992; dreihl@novamedcorp.com (Supporting)

Daniel R. Varrone is the Vice President, Sales, at Power & Process, Inc., 1168 Farmington Ave., Kinston, CT 06037, and a member of ASHRAE. Areas of responsibility: engineering and consultation. Phone, (860)828-9976; fax, (860)828-1402; dvarrone@aol.com (Supporting)

From Maine:
Ellen l. Belknap, AIA, is the Principal/Architect at SMRT, Inc., 144 Fore St., PO Box 618, Portland, ME 04104. Area of responsibility: architecture. Phone, (207)772-3846; fax, (207)772-1070; ebelknap@smrtinc.com (Supporting)

Lynn A. Brady is the President of Canfield Systems, Inc., 89 Mussey Road, Scarborough, ME 04074. Areas of responsibility: engineering and construction. Phone, (207)883-4110; fax, (207)883-3932; email, lynn@canfieldsystems.com (Supporting)

Thomas J. Churchill is the Director of Business Development at Allied Engineering, Inc., One Westbrook Common, Westbrook, ME 04092, and a member of the Maine AIA. Area of responsibility: engineering. Phone, (207)854-8126; fax, (207)854-0603; tchurchill@allied-eng.com (Supporting)

Dan Monroe, PE, is a Mechanical Engineer at SMRT, Inc., 144 Fore St., PO Box 618, Portland, ME 04104, and a member of ASHRAE and ASHE. Areas of responsibility: engineering and consultation. Phone, (207)772-3846; fax, (207)772-1070; dmonroe@smrtinc.com (Supporting)

From Massachusetts:
Alan C. Bishop is the Vice President/Sales, at GE Healthcare, 99 Woburn St., Needham, MA 02494. Areas of responsibility: Sales, Service, and Field Operations. Phone, (781)329-1300; fax, (781)329-1320; abishop@gehealthcare.com (Supporting)

NEHES Volunteers Thanked in Letters to CEOs and Recognized in Their Local Media

Dedicated NEHES members who volunteer as Society officers and committee chairs, or who work hard to plan Fall Conferences and Spring Seminars, experience the satisfaction and well being that comes with helping with their profession. They also earn recognition from their CEOs, who may not always realize what contributions their employees are making to healthcare engineering.

Following a NEHES tradition established after a Board of Directors’ vote on an action item during the annual Board Planning Retreat in 1996, outgoing NEHES presidents thank board members’ CEOs for their employees’ contributions via special letters. Conference and seminar chairpersons also recognize volunteers for helping to arrange these events in another type of special letter to CEOs. For example, Ron Vachon’s CEO at St. Andrews Hospital and Healthcare Center (Boothbay Harbor, ME), received a letter from the NEHES 2001 President, Joe Monia, that read in part: “On behalf of the New England Healthcare Engineers’ Society, I would like to take this opportunity to thank you and St. Andrews for allowing Ron Vachon to serve as Maine Representative and Public Relations Chairperson on our Board of Directors. Your support and recognition of the Society is needed and appreciated. Through the dedication and hard work of individuals such as Ron and support from facilities like St. Andrews, our Society can continue to grow, providing excellent professional development programs, advocacy to regulatory agencies, and a strong technical network…”

A newer NEHES tradition, handled by the NEHES Public Relations Committee, provides healthcare engineers with recognition in their local newspapers via press releases. The committee, now chaired by Ron Vachon, was established in 1997 under Don Garrison’s leadership and gives the responsibility of developing and mailing those letters. Tom O’ Sullivan, Western Mass Healthcare Engineers Society representative and 1997 NEHES Engineer of the Year, was the first chairperson of the Public Relations Committee.

Access NEHES Membership List
Go to the NEHES web site, www.nehes.org
1. Click on Members Only Area - Directory, Guidelines, Bylaws
2. For User Name, type in: engine
3. For Password, type in: health
Newsletter Editor and Webmaster Steve Cutter, CHFM, tries to keep this membership list updated. Send e-mail to Steven.D.Cutter@Hitchcock.org or call (603) 650-578: Richard.C.Carey@Hitchcock.org (Active)

Bill Frank is the President, Wm. G. Frank Medical Gas Services, Inc., Box 15956/62 School St., Concord, NH 03302-1595, and a member of ASHRAE, NFPA, and ASPE. Area of responsibility: medical gas systems. Phone, (888)633-4494; fax, (603)227-0267 (Supporting)

From New York:
John McGrath is a Sales Representative at Eastern Scientific, Inc., 841 State Fair Blvd., Syracuse, NY 13209-1304. Area of responsibility: consultation. Phone, (315)468-1900; fax, (315) 468-2700; dpmontemonte@easternscientificinc.com (Supporting)

From Vermont:
Matthew Williams is the Account Manager at Control Technologies, Inc., 78 Ethan Allen Dr., South Burlington, VT 05403, and a member of AFE. Area of responsibility: sales. Phone, (802) 860-1700; fax, (802)860-1799; mwilliams@controlevht.com (Supporting)

Membership Committee Updates
Healthcare engineers who want to know more about NEHES before they apply for membership will soon have a new membership brochure to read. Dawn LeBaron, CHFM, Director of Facilities Management at Fletcher Allen Healthcare (Burlington, VT), Joe Monia, Director of Facility Systems, Lawrence (MA) General Hospital, and other NEHES members are revising the current brochure.

Dawn has written a welcome letter that is now sent to all new NEHES members.

The recently-revised NEHES membership application includes the newest category of membership, that of Supporting Member, and permits potential members to pay by check as well as by credit card.

Several NEHES members have contacted local term care facilities in their states about possible Society membership.
From the Past:
Huge 1965 Blackout Led Many Northeast Hospitals to Buy Generators

By Mark English, SASHE
Director of Engineering
Hartford Hospital
Hartford, CT,
2002 Fall Conference Chair;
NHES President-Elect,
Education Committee Chair

As we prepare ourselves to once again transition from the outdoor and “take some time off” mindset of summer to the “nose to the grindstone” mindset of autumn and beyond, I would like to welcome everyone back and hope that all had an enjoyable and rejuvenating couple of months.

Of course, for those who went through a JCAHO survey during that period, things were a bit burdensome, but at least it’s over for another three years. Or is it?

Speaking of autumn, this quarter’s installment of NEHES history consists of excerpts from the March 1966 edition of the NEHES Newsletter, the first after the “Great Northeast Blackout” of November 9, 1965.

These articles piqued my interest not only because of the historical perspectives they portray, but also because the event was one I actually experienced personally, albeit not as a healthcare engineer but as a high school sophomore.

I had just gotten home from school that Tuesday afternoon when the power went out. That in itself was not particularly unusual, although it seemed somewhat odd because there was no concurrent severe weather or temperatures. However, when my dad arrived home and was immediately called back to the hospital where he worked (he was the CEO of White Plains Hospital in the northern New York metropolitan area at the time) because power had gone out, now that was unusual. I mean, he never got called in during off-hours! By the time he came home the following morning, we knew via portable radio that this was a big-time event.

I can tell you that a lot of new emergency generators were installed at hospitals after that, including my own. Anyway, here are the scanned images of those articles from the NEHES Newsletter of March, 1966:

The plant engineers all throughout the east coast have displayed their extremely valuable roles to industry. Emergency power failures are a way of life to the plant engineer. The only significant difference in this massive power failure is that industry management was quite glad to have him on the team.

Indications are that the professional plant engineer needs a better understanding of the power suppliers large grid systems. Plant engineers always have handled individual power losses to plants well. However, with a massive power failure the plant engineers could re-examine any possibilities for group action that may benefit industry and the community.

Listed here are some 20 points in question from which affected plant engineers were faced with in the emergency:

1. What is the state of your preparedness?
2. Is there need for standby electric generators?
3. What emergency lighting and power capabilities are available?
4. Are emergency lighting and partial power not part of your capabilities because your plant is tied direct to the vendors main power supply?
5. Are your research and development areas subject to power interruptions which may cost years of study?
6. How would you contact your engineers if phone lines were out or not available due to overload?
7. How many engineers in NIPA know what this giant transmission system consists of?
8. If we did know, how might we anticipate such trouble happening?
9. Where can our organization help the power companies and industry?
10. What publications are available from the power companies explaining their system?
11. How would you handle dangerous vapors?
12. What assistance could you lend to nearby community or plants?
13. Are your crews familiar with prompt corrective actions?
14. Do you occasionally review this emergency operations with your staff for suggestions for you for recommendations to management?
15. Have you and/or management thought in general that “there is no need for us to have auxiliary power in our power plant because we are on the main network for the entire city?”
16. Do you have a written procedures to follow?
17. Are emergency procedures reviewed and practiced on a regular basis?
18. Do you have such emergency items as hand lights as well as emergency lights, folding cots, and blankets, transistor radios with fresh batteries, facilities for preparing coffee, soup, or other light foods?

Standby Power
Reprinted from AHA
"THE WEEK for Hospitals"

Hospital Standby Power Systems are under study in the Senate with a bill introduced by Sen. Harrison A. Williams, Jr. (D, N.J.). Citing the Nov. 9 blackout in the Northeast the senator said: “We have seen that great power failures can occur despite the foresight of engineers. Now is the time to make sure that our hospitals are adequately prepared to handle an emergency power failure.” The bill would amend the Hill-Burton program to establish a three-year program of grants and loans to hospitals for construction and improvement of standby electrical systems. It would authorize the Surgeon General to make loans or grants totaling up to 75 per cent of the construction cost to public or private nonprofit hospitals.
Northeast Power Failure

November 9, 1985

Although the Editor's knowledge, no survey has been made of the Northeast hospitals, there is considerable information being compiled by various groups. Some of this, I would like to bring to your attention.

The Connecticut Hospital Association

An attempt has been made to contact the majority of the administrators of the Type 1* and Type II* hospitals to inquire about the effect of the recent power failure which affected three states and part of Canada.

Of the type I hospitals, it can be reported that all but four were affected by a failure which caused them to rely upon a generator or emergency power generators within their own plant. Of those who were forced to utilize their own power generators, five hospitals had some type of difficulty with their units. In some instances, this difficulty was remedied immediately; in some instances the generators had to be worked upon for some time before they functioned. In addition to these five hospitals where difficulty was encountered regarding their generators, it should be mentioned that three administrators were dissatisfied with the adequacy of their electrical generating units and stated that a power failure which had lasted for a longer period of time on a colder night would have resulted in considerable discomfort for their patients and staff.

Six of the Type I hospitals experienced bizarre problems in certain electrical systems and areas while the remainder of the plant presented no problems.

In fifteen of the Type I hospitals a member of the Administrative team of the hospital was contacted by one or more of the civil authorities. In some cases as many as three different civil authorities contacted the same hospital.

Far more striking were the many instances where no civil agency contacted the hospital and in a few instances the administrator registered some concern about this omission.

Blackout

(Continued from page 6)

Blackout

(Continued from page 7)

sion. It was later learned that during the blackout the governor of the state had suggested to Civil Defense authorities that they underplay any obvious activity and stand by to receive calls from institutions or citizens rather than to initiate calls.

About one-third of the Type I hospitals made some attempt to call the light company to request assistance or to get some estimate of the probable length of time before power was restored.

A service representative of the telephone company, when questioned about the difficulties encountered in reaching the operator or in achieving a dial tone in times of such an emergency, made the following suggestions and observations.

1. The backup of calls which may occur when a heavy volume of calls is initiated in times of a disaster or emergency results in difficulty in achieving either an immediate dial tone or an operator's response.

2. If you will allow fifteen or twenty rings in contacting the operator, she will be able to respond. If you will hold for 15 or 30 seconds as you pick up your receiver, you will achieve a dial tone.

3. DON'T GIVE UP! YOUR TELEPHONE LINE IS NOT DEAD - IN ALL PROBABILITY!!! YOUR COMMUNITY'S TELEPHONE SYSTEM IS SATURATED, HOWEVER PATIENCE IS REQUIRED.

In about one-third of the Type I hospitals the administrator stated that he was aware of the availability of a power generator other than the ones which were in operation at his own plant.

In the majority of Type II hospitals there was little or no difficulty encountered as far as the generating systems were concerned. However, two or three of the large units experienced serious difficulty. Administrators of some of the larger Type II hospitals were particularly vocal in their statements that they did not feel that their stand-by power was adequate, even when it did function adequately.

On the other hand, there are cer-
Maine Representative Ron Vachon Receives ASHE ‘Emerging Leader’ Award

By Mark English
At the opening ceremonies of the 39th Annual Conference and Technical Exhibition of the American Society for Healthcare Engineering, Maine Representative and Public Relations Committee Chair Ron Vachon was presented with one of ten prestigious “Emerging Leader” awards from ASHE President Wayne Klingelsmith in front of well over 2,500 of his friends and colleagues from across the country and around the world.

The purpose of the Emerging Leader award is to recognize and develop individuals who have demonstrated leadership qualities and definite career goals in the fields of healthcare engineering and facilities management, planning, design and construction, safety, clinical/biomedical engineering, and technology management. One awardee was selected from each of the ten ASHE Regions. Ron’s name was submitted by ASHE Region I Director and ASHE Liaison Don Garrison.

Ron is Director of Facilities Management at St. Andrew’s Hospital in Boothbay Harbor, ME. Congratulations to Ron for this significant recognition and we anticipate great things from him in the future!

At this same ceremony NEHES Past President Jack Gosselin was slated to receive his Senior (SASHE) designation through the Actions for Professional Excellence (APEX) Program.

Unfortunately, Jack was unable to attend due to last minute job obligations.

Jack’s SASHE paper entitled “The Request for Proposal Process” was recently published as an ASHE monograph. Congratulations, Jack!

NEHES Achieves ASHE Levels of Affiliation Gold Award for 4th Straight Year

By Mark English
At the Chapter Awards Luncheon held during the ASHE Chapter Leadership Forum on Sunday, July 28, President Bob Okerholm accepted a Gold Level Award on behalf of NEHES as the result of an application submitted reflecting the activities and achievements of our Society during the year 2001. As such, the award reflects the leadership of 2001 NEHES President and 2000 NEHES Engineer-of-the-Year Joe Mona. This is the fourth such award NEHES has received, every year since the Levels of Affiliation program was initiated in 1999.

The rewards of the award include not only the publicity during the ASHE annual conference and in its publications, but also several more tangible items, such as a plaque and gold embroidered emblem, two free registrations at the next ASHE Annual Conference (San Antonio, TX July 14-16, 2003), two free annual individual memberships in ASHE, two free ASHE publications we can use at our own discretion, and (new this year) two waived fees for APEX applications.

The ASHE Levels of Affiliation vision statement states that “partnerships have to be formed in a way that each organization gains from working together.” The bottom line is that the chapters support the goals of ASHE at the same time that they improve their own operations and achieve their own objectives.

Several of your Society officers and Board members attended the daylong Chapter Leadership Forum, including President Bob Okerholm, President-Elect Mark English, Secretary Dawn LeBaron, ASHE Liaison Don Garrison, and Public Relations Chair and Maine Representative Ron Vachon. The meeting presented a forum for chapter leaders from across the country to share ideas relating to building effective chapters, generating revenue, developing leadership, establishing effective committees, planning and delivering effective education programs, enhancing chapter communications, initiating advocacy programs, and recognizing chapter members. The attendees brought back significant materials and ideas which will be used at the NEHES Annual Planning Retreat in November.

ASHE Annual Conference is A Major Success; More than 3,000 Attend This Year

By Mark English
By whatever criteria one chooses to rate the success or failure of a conference, the recent 39th Annual Conference and Technical Exhibition of the American Society for Healthcare Engineering (ASHE) was a rousing success.

Total attendance was 3,023, fully 1,200 more than last year’s tally. There were 240 exhibiting partners set up in the 118,750-foot-square Exhibit Hall of the Nashville Convention Center. About 100 speakers at 63 different sessions provided 70 contact hours of quality continuing education. Each registered attendee received the conference proceedings in either bound hard copy or CD-ROM format. Several business and social functions provided significant opportunities for networking. The cultural and entertainment assets of Nashville were extraordinary, especially if you are a country music fan. And the bar-b-cue ribs were fantastic!

Several day-long pre-conference sessions (including the Chapter Leadership Forum; see Levels of Affiliation article) on Sunday, July 28 and post-conference sessions on Thursday and Friday, August 1 and 2 were offered. A paper and pencil version of the CHFM exam was also offered on Thursday morning with approximately 40 individuals sitting for the examination.

Admittedly, there were a few glitches, most notably the difficulties ASHE has been having recently with its new “portal” website and some of the conference online registrations. However, most affected attendees seemed to get over that distraction once they got in to the program.

The contingent of attendees from New England was relatively small, perhaps about 100. At the Region I breakfast on Tuesday morning, several individuals from our sister chapters in New York State were in attendance from the Genesee Valley Regional Association for Healthcare Engineers (GVAHE), the Central New York State group (Syracuse), and the Hospital Engineers Society of Greater New York (City). Since Region I includes Quebec, New Brunswick, Nova Scotia, Newfoundland, American Samoa, Guam, Marshall Islands and all non-U.S. territories not listed, many of the overseas ASHE military members in attendance were also there.

During the breakfast, the two candidates running for ASHE Region I Director (current Director/NEHES ASHE Liaison Don Garrison and GVAHE President Jim Gross) spoke to the group requesting their support. During the annual business luncheon on Wednesday, the three candidates for ASHE President-Elect also campaigned: William D. Anderson, FASHE, CHFM, Assistant Vice President, Plant Services, Rainy Lake Hospital in Rainy Lake, NJ; Nicholas J. Dalba, Regional Manager, Design and Construction, CHW Arizona, Phoenix, AZ; and Robert Guerry, CHFM, Director, Engineering & Operations, Duke University Medical Center in Durham, NC.

All NEHES members who are ASHE members are urged to vote for re-election of Don Garrison and for the candidate of their choice for ASHE President-Elect.
ASHE’s Board of Directors is recognized. Region 1 Director Don Garrison is third from left and in photo below.

Connecticut Healthcare Engineers Society Planning Committee Members Ron Hussey (left) and Joe Woczyzyn gathered data and recruited partners for the upcoming NEHES Fall Conference in Connecticut.

Above, NEHES Board members (L-R) Mark English, Don Garrison, Bob Okerholm, Ron Vachon, and Dawn LeBaron attended the ASHE Chapter Leadership Forum.

At left, ASHE Executive Director Al Sunseri (center) is shown with NEHES Secretary Dawn LeBaron and ASHE member Bill Wensyel from Heritage Valley Health System, Sewickley, PA.

Photos, captions and stories by Mark Englis, NEHES President-Elect.
Chapter in the Spotlight

The South Shore Healthcare Engineering Society is Revitalized

The revitalization of the South Shore Healthcare Engineering Society, a chapter of NEHES, is a good example of what happens when dedicated healthcare engineers realize the value of ongoing education and networking with their colleagues.

SSHES attendance and participation over the past two years at the monthly meetings began to taper off. Two chapter members, Jim Bove and John Duraes, decided to take on the challenge of re-energizing the group.

"I've always believed in the benefits of these types of associations," said Jim, a South Shore member for the last four years. John, the Facilities Manager at Southcoast Hospital Group, New Bedford, joined the chapter three years ago. Jim was elected president, and John was elected secretary/treasurer. Their first three meetings saw increased attendance, interest, and participation.

Jim and John took the following steps to contact chapter members and encourage their attendance:

- They called each contact and their administrative assistant to update the mailing list, get email addresses, solicit suggestions for improving the meetings, and encourage them to attend the meetings.
- John computerized all the membership records in Excel, handled membership dues, and made the list available to all members.
- They contact members at least twice before a meeting. "We asked for secretaries' names and got their email addresses for those that have them. When we have meetings, we send an email and make a quick phone call. It helps to have a reminder or two," Jim said.
- Members are asked for input regarding the selection of vendors for the education topics for programs.

"We value time. We try to work with a preset agenda and keep the meetings on schedule. We believe in starting and stopping on time whenever possible," Jim said.

Vendors sponsor the meetings, cover the cost of the luncheon, and have a limited time to present the educational session and then their sales presentation.

Vendors receive a copy of the chapter's membership list for their sponsorship.

The chapter moved its meeting location from a restaurant where it had met for several years to John's hospital for a three-hour education session on indoor air quality.

Jim cited persistence, scheduling speakers who educate members, sticking to a preset meeting agenda, and making phone calls before meetings as the most effective tactics he and John use.

Get as many members as possible into the chapter, John advised. "Due to the tremendous amount of documentation, the constant changes in the regulations that govern the healthcare industry, and the seemingly endless renovations and construction that are part of daily operations, Jim and I think that it is crucial that an organization such as ours has as many members as possible."

"With a larger group, we can use each other's experiences and diversities to better perform our duties. A larger group can be used as a resource for contractors and vendors that are incorporated in the local region. We get a better understanding of how JCAHO, OSHA, DPH, and other agencies are performing their surveys and how to resolve some of the issues prior to the inspections. There are more members who would be willing to take over as officers and/or be on committees.

"Another benefit is that we are able to share our problems as well as our successes with other members who have had or are going through the same experiences."

Recent vendors and their associated education topics included:

- Goldman Environmental Consultants, Randolph, MA: provided an overview of state and federal environmental regulations;
- Empire Engineering, Canton, MA: provided an overview of HVAC maintenance and service;
- Air Care Environmental Services, Westwood, MA: provided an in depth session on indoor air quality and cleaning maintenance of duct systems and cooling towers.

The upcoming September meeting has Triumvirate Environmental scheduled to provide an overview of hazardous waste management and the associated training requirements.

The South Shore chapter – one of four Massachusetts chapters – held its first meeting at St. Luke's Hospital in New Bedford on April 13, 1955, with five engineers attending. George Vera, the engineer at the time, hosted the meeting. George gave everyone lunch and a tour of his facility, then headed a discussion of plant operations and procedures.

The chapter member with the most longevity is Ed Boyer, the Director of Engineering and Maintenance at both Charlton Memorial Hospital, Fall River, and at St. Luke's Hospital, New Bedford, now in his 35th year of membership in South Shore.

Paul Pezone, Director of Facilities Operations at Caritas Norwood Hospital, Norwood, MA, is South Shore's representative to the NEHES Board of Directors.

Retired NEHES President Keeps Busy in Florida, Now Volunteers in Healthcare Engineering

Jack Berger of Boynton Beach, FL, a former NEHES president who retired 10 years ago, still reads the NEHES Newsletter and considers NEHES to be "without question the best organization I was affiliated with during my thirty-plus years in hospital engineering."

Jack worked at Boston University Medical Center for 23 years, then at J.B. Thomas Hospital (now closed) in Peabody, MA for nine years before moving to Florida.

Among the many offices he held while a NEHES member was that of Newsletter Editor. "It was when I made comments about an error in one edition of the newsletter years ago that I was appointed to edit for the next three years...way back when!" Jack recalled.

Since he retired, he has written a book, Inside America: The Great American Industrial Tour Guide: 1,000 Free Industrial Tours Open to the Public Covering More Than 300 Different Industries, "done lots of world traveling, smelled the roses, as they say, and truly enjoyed this phase of my life. I have kept very busy teaching math part time at Lynn University, working as a volunteer in the engineering department at Bethesda Memorial, a local 300-bed hospital; playing golf (naturally), bridge, and poker, eating out, and socializing with lots of wonderful people."

His advice to older engineers is to "retire or change to a career requiring less of a time commitment before it becomes too late. Retire is a misnomer. It really means 'retire from,' certainly not 'retire from life.'"

As an honorary member of NEHES, he said, "I truly enjoy getting the newsletter and reading about my old friends who are still solving the same problems that just don't seem to go away."

Contact Jack at JXBERG@AOL.COM, or by mail, 9574 Cherry Blossom Court, Boynton Beach, FL 33437.
U.S. News Survey Cites Several New England Hospitals for Excellence


The magazine ranked 205 top medical centers, culled from 6,045 facilities. Eighteen of the 205 hospitals were included in a special honor roll. These 18 facilities all scored well in at least six of the 17 Best Hospitals specialties. Mass General Hospital tied with Cleveland Clinic for the #3 spot on the honor roll, and Brigham and Women's Hospital placed 10th. Johns Hopkins Hospital placed first. See www.usnews.com for complete survey results.

New England facilities and their rankings within each of the 17 specialties are:

- **Austin Riggs Center, Stockbridge, MA**
  #19: Psychiatry
- **Beth Israel Deaconess Medical Center, Boston**
  #19: Digestive Disorders
  #7: Hormonal Disorders
  #31: Kidney
  #14: Geriatrics
- **Boston Medical Center**
  #26: Respiratory Disorders
  #31: Geriatrics
- **Brigham and Women's Hospital, Boston**
  #11: Digestive Disorders
  #12: Respiratory Disorders
  #8: Rheumatology
  #31: Urology
  #4: Heart and Heart Surgery
  #4: Hormonal Disorders
- **Children's Hospital Boston**
  #1: Pediatrics
- **Dana Farber Cancer Institute, Boston**
  #4: Cancer
- **Danbury Hospital, Danbury, CT**
  #47: Hormonal Disorders
  #49: Geriatrics
- **Dartmouth-Hitchcock Medical Center, Lebanon, NH**
  #39: Cancer
- **Deaconess Waltham Hospital, Waltham, MA**
  #25: Respiratory Disorders
- **Lahey Clinic, Burlington, MA**
  #38: Hormonal Disorders
  #21: Digestive Disorders
  #36: Heart and Heart Surgery
  #38: Hormonal Disorders
  #47: Respiratory Disorders
  #18: Urology
  #33: Ear, Nose and Throat
  #35: Geriatrics
  #43: Gynecology
- **Massachusetts Eye and Ear Infirmary, Boston**
  #4: Eyes
  #3: Ear, Nose and Throat
- **Massachusetts General Hospital, Boston**
  #19: Cancer
  #4: Digestive Disorders
  #3: Heart and Heart Surgery
  #2: Kidney
  #13: Neurology and Neurosurgery
  #9: Orthopedics
  #19: Geriatrics
  #3: Gynecology
  #2: Hormonal Disorders
  #1: Kidney
  #2: Neurology and Neurosurgery
  #3: Orthopedics
  #5: Respiratory Disorders
  #7: Rheumatology
  #7: Urology
  #4: Geriatrics
  #7: Gynecology
  #1: Psychiatry
  #14: Pediatrics
- **McLean Hospital, Belmont, MA**
  #5: Psychiatry
- **Medical Center of Central Massachusetts, Worcester**
  #42: Orthopedics
- **New England Medical Center, Boston**
  #50: Digestive Disorders
  #26: Kidney
- **Spaulding Rehabilitation Hospital, Boston**
  #11: Rehabilitation
- **Yale-New Haven Hospital, New Haven, CT**
  #27: Cancer
  #15: Digestive Disorders
  #43: Hormonal Disorders
  #40: Kidney
  #28: Orthopedics
  #18: Respiratory Disorders
  #33: Urology
  #47: Ear, Nose and Throat
  #8: Geriatrics
  #17: Gynecology
  #8: Psychiatry
  #21: Pediatrics

Important Dates

September 29-October 2, 2002
2002 NEHES Fall Conference/SEE INSERT/ LAST CHANCE TO REGISTER!
Mohegan Sun Resort
Uncasville, CT
Organizers: Connecticut Healthcare Engineers' Society

October 20 - 26
National Healthcare Engineers' Week

November 1-2 (tentative)
NEHES Board of Directors Planning Retreat
November 1-2
Newport, RI area
(site of the 2003 Fall Conference)

2003:
March 10-12
International Conference and Exhibition on Health Facility Planning, Design and Construction
Phoenix Civic Plaza, Hyatt Regency Phoenix, AZ

March 28
2003 NEHES Spring Seminar
Sheraton Four Points Hotel
Leominster, MA
Organizers: Massachusetts chapters

July 12-16
40th Annual ASHE Conference and Technical Exhibit
San Antonio Convention Center and Marriott River Center
San Antonio, TX

October 21-24
2003 NEHES Fall Conference
Hyatt Regency Newport
Goat Island, Newport, RI
Rhode Island Healthcare Engineers' Society

2004:
March 26
2004 NEHES Spring Seminar
Sheraton Four Points Hotel
Leominster, MA
Maine Healthcare Engineers' Society

ASHE Publishes Management Monograph by Jack Gosselin

ASHE members recently received a Management Monograph entitled "The Request for Proposal Process," written by Jack Gosselin, SASHE, CHFM, a longtime member of both ASHE and NEHES and the Managing Director of SDA Arneill International of Glastonbury, CT. Jack attained the Senior designation in ASHE's APEX program in June. As a SASHE candidate, Jack had to meet several criteria and prepare an original research paper, reviewed by the Recognition/APEX Committee. Topics included in his monograph are:

1. Defining the RFP Process
2. RFP/RFQ Outcomes and Expectations
3. Common Elements of the RFP
4. Organizational Background
5. Project Summary
6. Development of a Project-Specific RFP
7. Letter of Interest
8. Key Personnel
9. The Owner's Team
10. Qualifications
11. Firms Recommending Firms
12. Respondents' References
13. Selection Criteria
Last Call — Sign Up Now!

NEHES FALL CONFERENCE
September 29—October 2
Contact: Mark English
(860)545-2661, menglis@harthosp.org

Healthcare Facilities Challenged
2002 MEMBERSHIP APPLICATION / RENEWAL

As a member of the New England Healthcare Engineers' Society you will receive a number of professional benefits: outstanding quarterly newsletters; discounted registration fees at the NEHES Spring Seminars and Fall Conferences; representation at ASHE and NFPA; lists of fellow healthcare engineers and supporting members in the New England region; press releases of your activities in your local newspapers and to your CEOs; opportunities to enhance your resume by working on the Board or in the many planning activities the Society embarks upon; and the ability to network with your colleagues beyond state borders.

Annual dues of $25.00 are assessed each Active and Associate member for the calendar year. Honorary members are not required to pay dues but should verify their current address. If you have already renewed your membership or anticipate renewing via the ASHE/NEHES combined dues program, please disregard this form. Supporting member annual dues are $100, and although Supporting members cannot vote or serve on the Board of Directors, they are eligible for all other Society benefits.

Please fill out the appropriate information on this application and return it with your dues payment to the address listed below. Join today!

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<th>Circle One Category:</th>
<th>ACTIVE</th>
<th>ASSOCIATE</th>
<th>HONORARY</th>
<th>SUPPORTING</th>
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NAME: ____________________________________________

TITLE: __________________________________________

AREAS OF RESPONSIBILITY: ENGINEERING ____ FACILITIES MANAGEMENT ____ SAFETY ____
MAINTENANCE ____ PROJECT MANAGEMENT ____ SECURITY ____ CONSTRUCTION ____ BIOMED ____
CONSULTATION ____ OTHER ____________________________

WHAT DO YOU CONSIDER YOUR FOREMOST AREA[S] OF EXPERTISE? ____________________________________________

INSTITUTION/COMPANY: __________________________________________

ADDRESS: ____________________________________________

CITY: _________________________ STATE: _______ ZIP: _________________________

TELEPHONE: [ ] _______ FAX#: [ ] _______ E-MAIL: _____________________________

HOME ADDRESS [Optional]: ____________________________________________

CITY: _________________________ STATE: _______ ZIP: _________________________ HOME PHONE: ____________________________

PROFESSIONAL AFFILIATIONS: ASHE ____ NFPA ____ OTHER ____________________________

NEHES STATE CHAPTER: ____________________________________________

MAKE ALL CHECKS PAYABLE TO NEHES and mail check and application to:

NEHES
c/o Margaret Yip
New England Medical Center
750 Washington Street NEMC Box #834
Boston, Massachusetts 02111

OR PAY WITH CREDIT CARD:

MasterCard ____ VISA ____

Name on Card ____________________________ Exp. Date ______________

Card Number ____________________________ Cardholder's Signature ____________________________