Secure Your Future in Healthcare Engineering: "Ride the Wave of The Future....Head First!" at the NEHES Fall Conference Oct. 21 - 24

"Riding the Wave of the Future...Head First!" is quickly approaching, and registrations for the NEHES Fall Conference in Newport, RI should be made quickly. This is the Society’s premier educational event of the year, packing timely educational seminars, a full vendor show of products and services, peer networking, receptions, a golf tournament, and the scenic attractions of Newport into just a few days. Bring a guest; bring a colleague; join NEHES at the conference if you haven’t already ($25 of your registration fee can be used for your membership if you wish).

The Education Agenda for "Riding the Wave of the Future" includes the following topics and speakers:

- **Leadership and Organizational Design in the Coming Decades:** (Prof. Thomas Rossi; he is a professor at the Allan Shawn Feinstein Graduate School, Johnson & Wales University, Providence, RI, and owner of an international and domestic consulting group)
- **Structural Disasters:** (Peter Grafe and David Grandpre, PE; C.A. Prutzer Associates, Inc., Cranston, RI)
- **NFPA 99 Health-care Facilities: What's New?** (Richard Bielen, PE, is the chief systems and applications engineer for the Systems and Applications Engineering Department of NFPA)
- **Indoor Air Quality** (Thomas E. Hamilton, CIH, CET: Thomas is president and senior industrial hygienist of OccuHealth, Inc., Mansfield, MA, and an expert on matters pertaining to indoor air quality issues and resolving “sick building syndrome” problems)
- **NFPA 101 Life Safety Code: What's New?** (Robert Solomon, PE, NFPA’s assistant vice president for building and life safety codes; he oversees the operations of the department whose projects include...

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Speakers at Fall Conference include (clockwise from top left) David Grandpre, Susan McLaughlin, Robert Solomon, Richard Tetheeway, Richard Bielen, Thomas Rossi, Thomas Hamilton, Dean Samet, and Peter Grafe (top, far right).

**The New Engineer of the Year is Don Garrison from Maine**

*By Mark English, CCE, SASHE, CHFM*

Senior Engineer
Hartford Hospital
Hartford, CT,
Chair, Engineer-of-the-Year Committee,
NEHES President

The ballots have been cast and the results are in: **Don Garrison**, Chief, Facility Management at Franklin Memorial Hospital in Farmington, ME, has been selected by his peers as the New England Healthcare Engineers’ Society 2002 Engineer-of-the-Year.

On behalf of the NEHES Board of Directors (To Page 2)
Register Now for the NEHES Fall Conference!
(From Page 1)

- Cutting Edge Technology in Plumbing, Heating, and Air Conditioning (Richard Trehewey: For more than 20 years he has been an integral part of the "This Old House" team and also appears on the new series, "Ask this Old House." He is president of RST Inc., a manufacturer's representative company.)

- JCAHO Environment of Care (EC) Standards and Issues: What's New? What's Hot? [Dean Samet, CHSP, CJCS, and Susan B. McLaughlin, MBA, CHSP MT(ASCP) SC; Dean Samet is associate director/senior engineer in the Department of Accreditation Operation at JCAHO, and Susan B. McLaughlin is president of SMB Consulting, TD, Barrington, IL, providing consulting services and education in the material covered by JCAHO's EC standards].

Earn Education Credits!
Per ASHE (American Society for Healthcare Engineering) and the American Hospital Association, the following credits will be awarded for attendance at Fall Conference: 8.5 Contact hours/.85 CEUS.

Special Conference Highlights:
- A fun-filled special program for spouses and guests
- A Past President's Breakfast
- The annual NEHES business meeting (open to all members) and an update from Don Garrison, ASHE Region 1 Director
- Formal banquet and awards ceremony
- Free time to explore and enjoy scenic Newport: see http://www.gonewport.com/ to plan your trip
- NEHES material (hats, t-shirts, jackets etc.) will be available for purchase at the Conference.

How to Register:
Registration brochures have been mailed to NEHES members. If you did not receive a brochure, contact Jim Gilmore, Director of Facilities Management, Newport Hospital, 11 Friendship St., Newport, RI 02840; phone, (401)845-1540; jgilmore@lifespan.org.

The Organizers
Chair, Logistics and Spouse/Guest Program: Louis Pavao, Newport Hospital, (401)845-1395; lpavao@lifespan.org
Vendor Registration Program: Richard Mancini, Rhode Island Hospital, (401)444-8004; rmancini@lifespan.org, and Ed Rudegeair, MHRH – Facilities and Maintenance, (401)462-3043, Erudegeair@mhrhr.state.ri.us
Education: David Fontes, The Miriam Hospital, (401)793-2301, dfontes@lifespan.org
Scholarship and Golf: Peter Grafe, C. A. Pretzer Associates, Inc., (401)785-2690, peter@cpretzer.com, and Anne Sabalewski, Miriam Hospital, (401)793-2300, asabalewski@lifespan.org
Engineer Registration: Jim Gilmore, Newport Hospital, (401)845-1540, jgilmore@lifespan.org

Don Serves NEHES and ASHE in Many Ways
(From Page 1)
and the entire NEHES membership, I want to convey our heartfelt congratulations and admiration to Don. Since the reincarnation of this award back in 1996, Don is the seventh recipient of what is arguably the most significant form of recognition the Society can bestow upon any of its members.

Don is currently serving a second two-year term as the ASHE Region 1 Director, and has been the NEHES Liaison to ASHE concurrently. This is not a trivial task, and the amount of time devoted by Don to the betterment of both NEHES and ASHE in 2002 was significant.

Prior to this commitment to ASHE, he has served in many other roles for NEHES over the past 11 years, including President, President-Elect, Treasurer, Spring Seminar Planning Committee Chair in 1992 (Boston, MA), and the Fall Conference Planning Committee Chair in 1995 (Portland, ME). A graduate of the University of Massachusetts with a BS degree in electrical engineering, Don has worked for 28 years in the healthcare facilities management profession and has contributed much in the way of advice and published articles to his employers, employees, and colleagues. He lives with his beautiful wife, Coral, who is often at his side at NEHES and ASHE functions, in Farmingdale, ME.

The election process for Engineer-of-the-Year is comprised of solicitation of nominations in the 1st quarter NEHES Newsletter, publication of the nominee biographies with their responses to a set of standardized questions in the 2nd quarter newsletter, submission of ballots from members to the Chair of the Nominating Committee (typically the Engineer-of-the-Year from the previous year), validation of the successful candidate by the Board of Directors at their September meeting, and presentation of the award at the Annual Banquet. In addition to the prestige of this award, the Engineer-of-the-Year receives a plaque, a $500 cash award, and waiver of the Fall Conference registration fee.

All family, friends, and colleagues who wish to share in the celebration in Don's honor are encouraged to attend the presentation ceremony during the Annual Banquet on the evening of Thursday, October 23 at the 2003 NEHES Fall Conference, Hyatt Regency Newport Hotel on Goat Island, Newport, RI. The most difficult part of managing this process is the duty to inform the other candidates that they did not get chosen. Each and every candidate is typically very de-
President’s Message

Fall Conference Will Deliver “Bang for the Buck” in Education and Networking

By Mark English, CCE, SASHE, CHFM
Senior Engineer
Hartford Hospital
Hartford, CT,
NEHES President

Despite the summer season and all of the vacation-related enticements inherent thereto, NEHES has been active, productive, and nationally visible during the last three months. Many of my brief comments are supplemented by associated articles in this newsletter.

The Rhode Island Healthcare Engineers Society (RIHES) is approaching the wire on the development and implementation of the 2003 NEHES Fall Conference scheduled for October 21-24 in Newport. The Board and I want to recognize the significant efforts of the RIHES Planning Committee to produce an educational and networking opportunity, which upholds the tradition of first-class benefits to the NEHES membership. But the proof of the pudding regarding how successful the conference will be, professionally and financially, are the levels of attendance and networking.

The “bang for the buck” is hard to beat and the time spent is more than justified on the basis of keeping up with the knowledge demands of our jobs. I urge the NEHES membership as well as the entire healthcare engineering and facility management profession in New England to support the advancement of not only yourselves but also our profession by attending.

For those of you who are CHFMs (Certified Healthcare Facility Managers) -- or about to become one -- the renewal of that credential requires a minimum of 45 contact hours per three-year renewal period. By attending our Fall Conferences and Spring Seminars you will be credited with at least a third of those contact hours/CEUs (Continuing Education Units) every year. (Editor’s note: 8.5 Contact hours/85 CEUs will be awarded for attendance at the NEHES Fall Conference in October. Facility managers with CHFM certification: please see article on renewal procedures elsewhere in this newsletter.)

If you recall my message from the 2nd quarter newsletter, the Board of Directors meeting agendas tend to be very full, and the September 6th agenda was no exception. Over and above the standard fare we discussed such items as making the newsletter an electronic entity with mailings to those without e-mail, a status report on the potential Central Massachusetts Chapter, support of John Crowley’s candidacy for ASHE President-Elect, the ASHE Emerging Leader and Levels of Affiliation awards, confirmation of the 2002 Engineer-of-the-Year Award winner, the officer candidates to be voted upon at the Annual Meeting, the 2004 Spring Seminar in Leominster, the 2004 Fall Conference in Bretton Woods, NH, and the potential of transferring additional Society monies into the Scholarship Endowment Fund.

On a personal note, I have decided to step down from my position as Director of Engineering at Hartford Hospital after 31 years of 24/7 on call. For the moment, I am still employed at the hospital in the role of “Senior Engineer” so my active member status with NEHES remains unchanged. No matter what circumstances may develop, I have every intention of completing my term as President. Apart from a little ego bruising I believe this is a good move for me. My mindset at the moment makes me inclined to continue active participation in NEHES affairs after my term expires December 31. Who knows, perhaps I could be the Society Historian!

See you at the Fall Conference!

President-Elect’s Message

By Dawn LeBaron, CHFM
Director of Facilities Services
Fletcher Allen Health Care
Burlington, VT,
NEHES President-Elect,
ASHE Region 1 Emerging Leader

In July of 2000, I attended my first ASHE Annual Conference in Seattle. Needless to say, I was tremendously impressed with the entire experience. The venue was beautiful, the exhibits were plentifully varied, and the educational content was stimulating.

Since then I have participated each year and have been continuously impressed by every conference. As you all know by now, I did attend the conference in San Antonio in July and, as you also know, I was honored by receiving the ASHE Region 1 Emerging Leader Award.

The experience this time around had an entirely special feeling. The attention and accolades that I received prior to the trip to San Antonio have been very enjoyable and were certainly highlighted over the week. The opening ceremonies are quite a production. We actually had a dress rehearsal on Sunday afternoon to walk through proper body positioning for camera angles and lighting.

On the morning of the opening ceremonies, we were placed in reserved seating in the front row. ASHE president Bill McCully addressed the group with opening comments and then we were ushered back stage to take our places. Hearing the complimentary comments and meeting the other winners certainly left a positive feeling which is still with me.

The entire experience from the day I received the letter from ASHE to right this minute has continued to reinforce my faith in my abilities and myself.

I am looking forward to contributing to an organization that has assisted me in countless ways.

I am honored to have the opportunity to attend the Leadership Institute in the fall and look forward to sharing highlights of what I have learned with my good friends and colleagues in NEHES.
NEHES Achieves ASHE Levels of Affiliation Gold Award (Again)

By Mark English, CCE, SASHE, CHFM

For the sixth year in a row, the New England Healthcare Engineers’ Society has earned a Gold Level Award through the American Society for Healthcare Engineering (ASHE) Levels of Affiliation (LoA) program.

Established in 1997 and under the purview of the ASHE Membership/Chapter Relations Committee, the LoA program acknowledges chapter accomplishments and rewards them for being full-fledged partners with ASHE in achieving our mission and goals. (Author’s Note: I’m not sure why we missed the boat in 1997. Perhaps we didn’t realize the program had been established at that time.)

The level of an award (bronze, silver, or gold) is determined by a point-scoring system using several criteria, including:

- educational opportunities provided by the chapter,
- leadership development activities,
- forms of member recognition (such as the NEHES Engineer-of-the-Year Award),
- promotion of membership in ASHE,
- advocacy efforts,
- promotion of ASHE educational programs,
- maintaining a liaison relationship with the ASHE Region Director, and
- implementing key processes such as bylaws development and updating, chapter officer job descriptions, member communications (e.g. newsletters), budgeting and fiduciary responsibility, and strategic planning.

For NEHES, the “rewards” are rather substantial: two free registrations for the 41st ASHE Annual Conference July 25-28, 2004 in Orlando, FL; two free one-year ASHE memberships; two free ASHE publications; waivers on two APEX (Actions for Professional Excellence) application fees; a plaque and embroidered emblem, and recognition in InsideASHE and at the Chapter Awards Luncheon. In 2002 NEHES was very successful in meeting these criteria. In order to achieve a gold level award, a minimum of 280 “points” were required. NEHES racked up 323!

The two free ASHE Conference reg-

istrations are typically given to the Society President and President-Elect. We are anticipating that the free memberships and publications will be distributed at the Fall Conference in Newport (probably via a raffle), so be sure to be in the running by attending the Conference in October! If you’re considering applying for an APEX designation, contact Mark English (860-545-2661, menglis@harthosp.org); perhaps we can sweeten the pot with a waiver of the application fee!!

Important Dates

October 19-25, 2003
National Healthcare Facilities & Engineering Week
Time to promote your profession to your local media! Get ready to observe National Healthcare Facilities and Engineering Week October 19-25, 2003. This year’s theme is "Building A Healthy and Safe Tomorrow." ASHE encourages engineers to "recognize yourself, your department, and your staff during Health Care Engineering Week. This 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."

October 21-24, 2003
2003 NEHES Fall Conference, Newport, RI

March 26, 2004
2004 NEHES Spring Seminar, Leominster, MA

October 5-6, 2004
2004 NEHES Fall Conference, Bretton Woods, NH

July 26-28, 2004
41st ASHE Annual Conference and Technical Exhibition
Orlando, FL

Boston Chapter of American Society Of Plumbing Engineers Invites NEHES Members to Biennial Product Show And Technical Seminars October 14

The Boston chapter of ASPE, the largest chapter in the US, will hold its biennial product show and technical seminars Tuesday, October 14, from 3-8 pm at the Lantana in Randolph, MA.

More than 90 exhibitors and over 450 product lines will be featured. A buffet dinner and beverage service will be offered.

Technical seminars will include the following topics:
- Vacuum and Compressed Air Systems for Medical Facilities
- Water Booster Pump Systems
- Metallic or Plastic Piping Choices
- Code Requirements for Fire Pump Rooms
- Laboratory Vacuum Pumps and Piping Design.

Important: Admission is by RSVP invitation only! For an invitation, contact Greg Koval by e-mail, bmas- son@symmons.com or by fax, (781)864-5211. For directions to the Lantana, see www.thelantana.com/corporate/directions.htm.
By Mark English, CCE, SASHE, CHFM

Over 1,700 individuals from virtually every state in the Union and several Canadian provinces and foreign countries attended the 40th Annual American Society for Healthcare Engineering (ASHE) Conference July 12-16 at the Henry B. Gonzalez Convention Center in downtown San Antonio, TX. The event was hosted by the Texas Association of Healthcare Facilities Management.

A total of 39 attendees were from New England (CT-8, ME-1, MA-20, NH-4, RI-5, VT-1). The mix included 13 facility managers, 7 military, 16 vendors, and 3 "others."

Beginning with a golf outing at the Quarry Golf Club on Saturday, activities ranged from myriad educational sessions to social get-togethers to networking opportunities to culinary adventures to business meetings to honoring members who have achieved great things in the past year.

A series of pre-conference sessions was offered on Sunday, including programs on the construction certificate, JCAHO and NFPA 101, JCAHO Self-Assessment, and the Chapter Leadership Forum (facilitated by ASHE Region 1 Director Don Garrison). At this last session, NEHES President Mark English and President-Elect Dawn LeBaron participated in discussions with chapter leaders from across the country about methods to improve chapter operations, benefits, and their relationship with ASHE. NEHES again came away with a Levels of Affiliation Gold Award for accomplishments in 2002.

First thing Monday morning ASHE President Bill McCully officiated at the opening session, with introductions of ASHE President-Elect Bob Guerry, the Board of Directors (including Region 1 Director Don Garrison), and the 2003 recipients of the SASHE designation, the Emerging Leader awards (including our own Dawn LeBaron), and the Levels of Affiliation Gold, Silver, and Bronze Awards. Following these ceremonies the keynote speaker, Vince Lombardi, Jr., had an inspiring message to share about the qualities found in winners and high-performance people and organizations.

Over the course of Monday through Wednesday the educational sessions followed six "tracks," including compliance, planning design and construction, maintenance/operations, administration, management, and finance. For example, the PDC track included such topics as chilled water design, roofing and waterproofing design, infrastructure master planning, NFPA 5000, mass decontamination, and managing emergency power systems in the post-2001 era. Several sessions qualified toward renewal for the Healthcare Construction Certificate Program, including the pre-conference session all day Sunday.

Attendees were awarded 1.5 continuing education units (CEUs) for the main conference, the equivalent of 15 contact hours. These hours are valid toward renewal of the Certified Healthcare Facility Manager (CHFM) credential, for which 45 contact hours are required every three years. A CHFM pen and paper examination was administered from 9 a.m. – noon on Thursday.

Social and networking events included the New Member/First-Time Attendee Reception on Sunday afternoon, the Exhibit Hall Reception Monday afternoon, "Fiesta del ASHE" Monday evening (lots of food, entertainment, and dancing), various Regional Breakfasts on Tuesday morning, the President’s Reception and Annual Banquet Tuesday evening, and the Annual Business Luncheon Wednesday afternoon. During the Business Luncheon the three candidates for ASHE President-Elect solicited support from the audience: NEHES’ own John Crowley from Saints Memorial Medical Center in Lowell, MA, Henry Garbleman from Johns Hopkins in Baltimore, and Tom Schipper from Kaiser Permanente in Pasadena.

At top, left to right, are John and Mary Lou Crowley, Don Garrison, Dawn LeBaron, and Coral Garrison. David Stymiest, ASHE and NEHES member, presented a session on emergency power systems. Photos by Mark English.

An awesome Technical Exhibition with over 250 booths and displays captured the attention of conference attendees from 11 a.m. to 2 p.m. on both Monday and Tuesday. Much information was exchanged, and the serving of lunch added to the excitement.

Throughout the conference, Charlie’s Store (named in honor of ASHE Past President Charlie Morrison) was open for business, selling various publications, shirts, bags, pins, and other ASHE paraphernalia.

The 41st Annual ASHE Conference will be held July 26-28, 2004 in Orlando, FL and the 42nd Annual Conference is set for July 11-13, 2005 in Anaheim, CA. There is a possibility that the 43rd will be held in Boston in 2006. If that turns out to be the case, NEHES needs to begin work now on establishing itself as the hosting chapter.
From Connecticut
Robert M. DeMorro Jr., PE, is in Technical Sales at Buckley Associates, Inc., 15 Progress Circle, Newtonville, CT 06111 Area of responsibility: manufacturer's representative. Phone, (860)666-0555; fax, (860)666-3035; bdemorro@buckleyonline.com (Supporting)

Steven Jalowiec, PE, is the Director of Plant Operations at St. Mary's Hospital, 56 Franklin St., Waterbury, CT 06706, and a member of ASHE (American Society for Healthcare Engineering), NFPA (National Fire Protection Association), and ASHRAE (American Society of Heating, Refrigeration and Air-Conditioning Engineers). Areas of responsibility: engineering, facilities management, safety, maintenance, project management, security, and construction. Phone, (203)574-6400; fax, (203)597-3816; sjalowiec@sthh.org (Active)

Stephen LeGault is the Administrative Director, Engineering and Facilities Management, at Johnson Memorial Hospital, 201 Chestnut Hill Rd., Stafford Springs, CT 06076. He is a member of ASHE and IAIII (International Association for Healthcare Security & Safety). Areas of responsibility: engineering facilities management, safety, maintenance, project management, security, construction, bio-medical, linen/environmental service. Phone, (860)684-8127; fax, (860)684-8149; slegault@jmhosp.org (Active)

Mark Mininberg is the Managing Director of Hospital Energy Services, 50 Bethke Rd., Killingworth, CT 06419. Area of responsibility: construction, (860)284-5706; fax, (860)678-4797; mmmininberg@prohealthmd.com (Supporting)

Donata C.G. Perina is the Director of Design & Facility Projects at Bristol Hospital, Inc., Brewster Road, Bristol, CT 06010 and a member of ASHE and NFPA. Areas of responsibility: engineering, facilities management, construction, and consultation. Phone, (860)685-3332; fax, (860)685-3495 (Active)

Philip J. Shuman is a Project Manager at The Whiting-Turner Contracting Co., 195 Church St., 16th Floor, New Haven, CT 06510. Areas of responsibility: project management and construction. Phone, (203)789-8700; fax, (203)789-8776; PhilipShuman@Whiting-Turner.com (Supporting)

From Maine
Randy J. Husesy is the Facilities Supervisor at Eastern Maine Medical Center, PO Box 404, 489 State St., Bangor, ME 04402-0404, and a member of the Maine Healthcare Engineers Society (MHEES). Areas of responsibility: engineering, facilities management, maintenance, project management. Phone, (207)973-7037; fax, (207)973-5674; rhussey@emmc.org (Active)

Charles J. Martin works in Business Development at Payton Construction, 56 Industrial Park Rd., Saco, ME 04072. Areas of responsibility: project management and construction. Phone, (207)772-7222; fax, (207)772-0975; cmartin@payton-construction.com (Supporting)

From Massachusetts
Boston Medical Center: All of the following new members are with Boston Medical Center, 750 Albany St., Boston, MA 02118, and have the same phone number. (617)414-7054. (All Active)

Joe Kajunski is the Energy Manager; areas of responsibility: engineering, facilities management, safety, maintenance, project management, and construction; phone, (617) 638-5489;

Lizette Lofton is a Facilities Engineer; areas of responsibility: engineering, facilities management, maintenance, project management; phone. (617)414-5512;

Mitra Nathansingh is the Lead General Service Technician, Special Systems; areas of responsibility: engineering, facilities management, maintenance, project management; phone, (617)414-2199;

Roger Risoldi is the Manager of Operations; areas of responsibility: facilities management and maintenance; phone, (617)414-6193;

Roger Rueda is the Systems Manager; areas of responsibility: engineering, facilities management, maintenance, security, phone, (617)638-6819;

Kevin Stuart is the Electrical Supervisor; areas of responsibility: facilities management and maintenance; phone, (617)414-4493;

Leroy Wallace is a Mechanical Supervisor; areas of responsibility: facilities management and maintenance; phone, (617)414-2190;

John Wyatt is the Facilities Project Manager; areas of responsibility: engineering, facilities management, maintenance; phone, (617)638-5777.

Other new Massachusetts members:
Paul Armas is the District Manager for Sodexo Facility Technical Services, 500 Franklin Village Drive, Suite 106, Franklin, MA 02038. He is a member of ASHE, NFPA, and ASHRAE. Areas of responsibility: engineering, facilities management, maintenance, project management, bio-medical. Phone, (517)372-4003; fax, (517)520-9068; armas@sodexhou.com (Supporting)

Paul Demers works in Business Development at DiGiorgio Associates, Inc., 225 Friend St., Boston, MA 02114. Phone, (617)723-7100; fax, (617)723-9113; pdemers@dai-boston.com (Supporting)

Frederick Freeman, CHCM, CHSP, is the Director of Risk Management and Safety at Worcester State Hospital, 305 Belmont St, Worcester, MA 01604. Area of responsibility: environmental health. Phone, (508)389-3532; interact9@yahoo.com (Active)

Vito J. Mazzola is the Director of Plant Operations at New England Sinai Hospital, 150 York St., Stoughton, MA 02072, and a member of ASHE and NFPA. Areas of responsibility: engineering, facilities management, safety, maintenance, project management, security, construction, and biomedical. Phone, (781)297-1178; fax, (781)344-3955; vmazzola@nesiainc.org (Active)

Fred Pizzi is the District Sales Manager at Besam Automated Entrance Systems, Inc., 345 Greenwood Street, Suite 1, Worcester, MA 01602. Phone, (508)813-4048; fax, (508)753-7711; fpizzi@besam-usa.com (Supporting)

Bonnie L. Ripley is a Healthcare Executive Search Consultant at Phillips DiPisa & Associates, 62 Derby St., Hingham, MA 02043. Area of responsibility: consultation. Phone, (800)533-9691; fax, (800)533-9692; bripley@psdsearch.com (Supporting)

William C. Smith is the Director, Plant Operations, at Winchester Hospital, 41 Highland Ave., Winchester, MA 01890, and a member of HIMSS (Healthcare Information and Management Systems Society). Areas of responsibility: engineering, facilities management, maintenance, project management, construction, telecommunications. Phone, (781)756-2554; fax, (781)756-7580; bsmith@winhosp.org (Active)

From New Hampshire
Richard C. Carey is the Director of Projects at Dartmouth-Hitchcock Medical Center, One Medical Center Drive, Lebanon, NH 03756-0001, and a member of ASHE and NHSH (New Hampshire Society of Healthcare Engineers). Areas of responsibility: safety, maintenance, construction. Phone, (603)410-2022; Richard.Carey@hitchcock.org (Active)

Dave Dagenais is the Maintenance Supervisor at Wentworth-Douglass Hospital, 789 Central Ave., Duval, NH 03820 and a member of NFPA and NHSH. Areas of responsibility: safety, maintenance, construction. Phone, (603)740-2471; fax, (603)740-2105; mtd@wdhospital.com (Active)

F. David Santuccio is the Project Manager at Southern New Hampshire Medical Center, 8 Prospect St., Nashua, NH 03061. Areas of responsibility: engineering and project management. Phone, (603)577-2969; fax, (603)577-5613; david.santuccio@snhmc.org (Active)

From New York
Scott Arrhen:son is the Principal at Russell Phillips & Associates, LLC, 1099 Jay St., Bldg. J, Suite 200, Rochester, NY 14611. He is also a member of ASHE. Areas of responsibility: marketing, management, fire safety, emergency management consultation, JCAHO compliance. Phone, (716)643-3694 (direct line), (585)235-0440 x 323 (office); fax, (585)235-8703; email, saronsson@russellphillips.com (Supporting)

From Rhode Island
Peter W. Grafe is a Senior Engineering Consultant at C.A. Pretzer Associates, Inc., 50 Freeway Drive, Cranston, RI 02920. He is a member of CSI (Construction Specifications Institute-Rhode Island Chapter) and SEARI (Structural Engineers Association of Rhode Island) and an honorary member of RIHE (Rhode Island Healthcare Engineers Society). Areas of responsibility: engineering. Phone, (401)735-2590; fax, (401)461-9360; peter@capretzer.com (Supporting)
NEHES Member Uses Research Project to Help Him Earn a New Certification

As Jim Gilmore studied the Clean Water Act/National Pre-Treatment Program in order to fulfill his facility's in-house permit requirements and deal effectively with state and local regulators, he realized that he could use his research for yet another purpose: to write a paper that would help him to earn the SASHE designation, awarded by the ASHE (American Society for Healthcare Engineering) Actions for Professional Excellence (APEX) Professional Development Program.

APEX requires SASHE (Senior member status) candidates to write an original research paper that may be published as an ASHE Management Monograph. (ASHE members: to read the text of Jim's paper, "Clean Water Act/National Pre-treatment Program: Implications to Hospital and Healthcare Facilities," go to www.hospitalconnect.com, log in, select ASHE under Communities, then click on Jim's Management Monograph on the right.)

"Although the Federal CWA (Clean Water Act) has been around for 30-31 years, various elements of the act have grown over the years and various elements have been implemented differently throughout the country," said Jim, the Director of Facilities Management at Newport (RI) Hospital. "I focused on EPA's National Pollutant Discharge Elimination System (NPDES) Permitting Program because our local municipality finally came around and began issuing Significant Industrial User Wastewater Discharge Permits. I guess it would depend upon where an individual's local municipality is in the process as to whether the topic would be of interest. Location probably also plays a big factor. We're located right on Narragansett Bay, and a beautiful natural resource which you'll all enjoy during the Fall Conference. There are various local environmental groups whose sole purpose is to preserve this resource and you can bet they have helped in lighting the enforcement fire both on a state and local level."

Achieving the SASHE designation was one more step in Jim's lifelong educational plan. First, his 20-year naval career provided him with a significant amount of mechanical engineering training and education. He also served as an Engineering Curriculum Instructor at the Surface Warfare Officers School Command in Newport. He earned a bachelor's degree in Vocational Education/Industrial Arts while he was in the Navy, and he completed his master's degree in Health Services Management after joining his hospital.

In 2000, Jim was among the first 100 healthcare engineers to earn the CHFM (Certified Healthcare Facility Manager) designation from the American Hospital Association Certification Center. "I have a habit of taking and/or participating in any professional related certification processes. If I found myself back on the employment market, I'd rather be the guy who has documented qualifications than the guy who doesn't," Jim said.

Jim also holds the designations of CHE (Certified Healthcare Executive)/Diplomate from the American College of Healthcare Executives and CHSP (Certified Healthcare Safety Professional) through the International Association for Healthcare Security & Safety.

In addition to maintaining ASHE and NEHES memberships, Jim and many other fellow members of RIHES (Rhode Island Healthcare Engineers Society) helped revitalize the state chapter and hosted the NEHES Fall Conference in 1997. Jim served a two-year term as chapter president and has been the treasurer for several years. Now he and chapter members will host Fall Conference again, October 21-24. "We have a super Fall Conference program planned for this year. Everyone is guaranteed to have a great time," he said.

For further information about the APEX program, see www.hospitalconnect.com; follow the Communities link to ASHE, then click on About ASHE, then on Awards, then on APEX. Note: As part of NEHES' Levels of Affiliation Gold award from ASHE, the Society receives two free SASHE or FASH application fees. For further information, contact your chapter representative (see www.nehes.org for list of chapter representatives.) Financial assistance may be available.

Safety Manager Needed

Fletcher Allen Health Care, Burlington, VT, is seeking a Safety Manager. This position reports to the Director of Facilities Management and is responsible for compliance activities for all elements of JCAHO Environment of Care and for the development, implementation, and monitoring of the Safety Management Program. This position provides support and coordination of the Environment of Care Committee and Subcommittee activities, and coordinates Environment of Care performance improvement activities, including data collection. The successful candidate will possess a bachelor's degree; completion of a recognized Safety Certification Program is preferred. At least three years' healthcare safety management experience with Environment of Care responsibilities is required. Experience in industrial hygiene and construction safety is also preferred. The successful candidate will demonstrate process driven skills as well as proficiency in Microsoft applications such as Word, Excel, and PowerPoint.

Please e-mail resume to fahcjobs@vtmednet.org or contact Tia Trottier at (802) 847-4184.

Website Update

Website Manager Steve Cutter, CHFM, Director, Bio-Medical & Facilities Engineering, Dartmouth-Hitchcock Medical Center, Lebanon, NH, reports that the Members Only section of www.nehes.org is now unprotected and available to all, following discussions at the last Board of Directors meeting. Society bylaws, guidelines, and membership list can now be viewed without entering a password.

Issues of The NEHES Newsletter are now posted regularly on the website. An updated membership list is coming soon. Ideas for website material should be sent to Steven.D.Cutter@hitchcock.org.
Guenther Says Goodbye to Healthcare Engineering After 47 Years

NEHES Fall Conferences tend to make attendees smile a lot. After all, this is a time to network with peers, greet old friends, make new ones, and learn as much as possible in three or four days from the invaluable educational seminar speakers and the packed vendor exhibit area.

This year, the happiest Fall Conference attendee of all may be Guenther Ohler. That's because the former Manager of Engineering at Midstate Medical Center in Meriden, CT, retired (almost totally) September 30 from full-time work after 47 years in healthcare engineering.

Guenther will work for his former facility for the next five months on a per diem basis until Midstate completes its Joint Commission survey in March. Part of Guenther's preparation for the survey includes attending several conferences, including the NEHES Fall Conference, where he will hear Dean Samet and Susan B. McLaughlin speak on "JCAHO Environment of Care (EC) Standards and Issues: What's New? What's Hot?"

Right up until his official retirement day, Guenther kept busy with the opening of a new 48,000 square foot addition to his facility, which was completely replaced seven years ago.

Guenther joined Midstate in 1979 after careers at two New York City hospitals. He entered health care as an electrician, progressed to HVAC mechanic, and eventually into management.

Ever since the early 1980s, Guenther has belonged to CHES (Connecticut Healthcare Engineers Society), NEHES, ASHE (American Society for Healthcare Engineering), and NFPA (National Fire Protection Association). He served CHES in several capacities: as Membership Chair, President-Elect, President, and Fall Conference 2002 committee member. He represented CHES to the NEHES Board of Directors for one term.

Membership in these four organizations has been extremely beneficial to his career, Guenther said. "Any group you join is good because of what you learn, especially from the other members."

After Guenther finishes his assignment for Midstate, he hopes to do some traveling with his wife, Jane, and perhaps get a part-time job.

CHFM Roundup: Four New CHFMs, Important Certification Renewal Information

Several NEHES members have joined the more than 30 healthcare facility managers in New England who have added the designation of CHFM (Certified Healthcare Facility Manager) to their names.

Recently attaining CHFM status are:
- Antonio L. Pacheco, CHFM, Director of Facilities, Tobey Hospital (Wareham, MA);
- Michael S. Pinkham, CHFM, Director of Facilities Management, Mid Coast Hospital (Brunswick, ME);
- R. Brian Sallisky, CHFM, Project Manager, Southwestern Vermont Health Care (Bennington, VT);
- David Styimiest, PE, CHFM, SASHE, CEM, Senior Consultant - Facilities Engineering & Management, Smith Seckman Reid, Inc., Slidell, LA.

Renewal Provisions: The renewal cycle for the Certified Healthcare Facility Manager (CHFM) credential is three years, with expiration on the last day of the month in which certification expires. Renewal may be achieved either through participation in acceptable continuing professional education (Alternative I) or through retaking and passing the CHFM Examination (Alternative II). A certificant who fails to renew certification is no longer considered certified and must relinquish his/her certificate and certification pin and cease using the certification credential and merchandise representative of having achieved certification. A certificant who fails to renew before expiration may regain certification only through re-examination. Contact the American Hospital Association Certification Center at mcassey@aha.org or (312) 422-3715 with questions. Or read complete renewal requirements at http://www.hospitalconnect.com/aha/certification/content/chfmrenewal.doc

Some Courses/Seminars That Quality for CHFM Renewal

Motor and Generator Institute (MGI) and Healthcare Circuit News publish two certificate courses that qualify for American Hospital Association's CHFM credential renewal. An award of 6 "contact hours" will be made upon successful completion: Content Code 3; Type Code 3. Information on the courses can be found at:
- http://www.mgi-hcn.com/Memberships/MembershipDetails.htm

In addition, MGI is holding 25 Emergency Power Supply System seminars during the last half of 2003. Details are at: http://www.mgi-hcn.com/Seminars.htm.

Contact Dan Chisholm at (407)421-7189 or dchisholm@mgi-hcn.com with questions.

Update: ASHE President-Elect Race and Letter from John Crowley

Dear Fellow Members,

The election results for ASHE are now in and Mr. Thomas Schiper of Pasadena, CA has been elected the new President-Elect.

I had the privilege of working with Tom when we both served on the board of ASHE and he is a gentleman and will do a fine job representing the members. I want to thank all the members and staff of NEHES for their support and encouragement during the election.

It was very gratifying to know I had the backing of so many of the people I have worked with over the years. A special thanks to Mark English, the NEHES Board, and membership. Their willingness to help and endorse my campaign was both gratifying and overwhelming.

I would encourage all the members of NEHES and ASHE to volunteer to participate in the Committees and Board Membership of their respective organizations.

You will find it most rewarding and, as I have found out so many times, you will always get back so much more than you give.

With sincere thanks,
John ... Crowley
Director of Facilities
Saints Memorial Medical Center
August Outage Impacts Some Northeast Hospitals, A Few Lessons are Learned

The massive power outage August 14 spared hospitals in the Northeast's smaller cities from the problems faced by some facilities in larger metropolitan areas, including issues such as frantic orders for extra diesel fuel, failures of backup generators, disabled telephone and cellular phone systems, and low water pressure. Even so, New England facility managers reported two minor fires, some inconveniences, frazzled nerves, and a few lessons learned on that swelteringly hot day.

Department of Veterans Affairs
All six of the facilities that Gene Cable, PE, FPE, oversees in northern New York lost power. Gene, the NEHES Liaison to National Fire Protection Association and a Regional Safety and Fire Protection Engineer for the Department of Veterans Affairs (Albany), was conducting a Statement of Conditions inspection at his Bath, NY facility prior to a Joint Commission survey when the facility's power went out at 5:15 p.m. It wasn't restored until 3 a.m. His other facilities lost power for varying time periods, most for less than four hours. Generators worked well at all six facilities, and telephone service was not interrupted.

A small fire at one facility was detected early, Gene said. "The exhaust stack on one of five large generators set fire to the boiler plant's wooden roof structure. Luckily, the Engineering staff routinely patrols generator locations when generators are running. The fire was discovered early in its beginning stages at 3 a.m., and kept to about $500 damage. In another 15 minutes, they would have had a major roof fire."

Gene reported two lessons learned during the outage. "First, air conditioning is not on emergency power and it is not expected to be. All facilities reported clinical research areas speaking to the need for refrigeration. Second, communications between patient areas and the Emergency Opera-

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A News Story and a Personal Story
A Lesson in Consensus Code Versus Building Code

By Gene Cable, PE, FPE
NEHES Liaison to National Fire Protection Association,
Regional Safety & Fire Protection Engineer
Department of Veterans Affairs
Albany, NY

NFPA 5000 is On the Way
California is ICBO (International Conference of Building Officials) and International Building Code country (headquarters in that state) and yet the people have opted to replace the existing Uniform Building Code with the true consensus Building Code of NFPA – this is BIG news.

This is a giant step in the direction of one set of matching Codes regulating the healthcare industry.

The future for healthcare facilities in California is that the locally enforced building code for new construction will match the nationally applied – JCAHO (Joint Commission on Accreditation of Healthcare Organizations) and CMS (Centers for Medicare & Medicaid Services) – Life Safety Code. I am so excited about this NFPA 5000 announcement and plan to use the NFPA in my work.

AHA and ASHE Issue Advisory on Safe Use of Alcohol-Based Hand Rubs

The American Hospital Association and its American Society for Healthcare Engineering sent a Quality Advisory to member hospitals September 16 that summarized the findings of a recent meeting hosted by AHA and the Centers for Disease Control and Prevention that examined the effectiveness of alcohol-based hand rubs and fire safety issues related to their use. While the CDC advises that alcohol-based hand rubs may be a better option for hand hygiene than handwashing, many healthcare facilities have run into difficulty installing hand-rub dispensers because national and local fire codes restrict the location and use of such flammable liquids. However, a study commissioned by ASHE found that hand-rub dispensers could be safely installed in corridors as long as the volume of the hand rub was 1.2 liters or less, and the dispensers were not installed too closely together or over carpeting. Health care and fire safety groups attending the meeting agreed to take steps to revise the national fire codes or obtain exceptions to permit safe placement of the dispensers in readily accessible locations.

The AHA advisory suggests hospitals consider placing hand-rub dispensers in appropriate locations such as patient rooms but not in egress corridors or next to sinks. It also suggests they work with local fire marshals to ensure installations are consistent with local fire codes. The advisory can be found at http://www.aha.org by clicking on "Quality and Patient Safety" under Key Issues, then "What's New." (Courtesy AHA News Now)
Blackout
(From Page 1) tions Center must regularly review status. One building at Bath lost its emergency power to two stories of a three-story nursing home without Engineering's knowledge. As soon as Engineering was informed, power was restored quickly. A switch had failed to automatically operate. The switch was activated manually and power was restored.

CVPH Medical Center
CVPH Medical Center in Plattsburgh, NY started experiencing brown outs shortly after 4 p.m. on August 14; at 4:20 p.m., administrators transferred the facility to generator power, according to Ed Lydon, CHFM, Assistant Vice President for Facilities and Emergency Management. CVPH remained on generator power until the okay was received from Plattsburgh Municipal Lighting Department (MLD) to transfer back at approximately 8:30 p.m. CVPH was back on commercial power at 8:45 p.m. All emergency power systems operated as designed.

"Due to the brown out, the controller on #3 boiler failed, causing the boiler to shut down. Ordinarily, this would have had an effect on sterilizer, cooking, and dishwasher equipment; however, little heating requirements were needed at the time due to the outside air temperature being 91 degrees," Ed said. "Cooling requirements were a different issue. Due to the brown out, the chiller plant shut down. All AHUs (air-handling units) with the ability to economize were set to operate utilizing no outside air. In addition, several AHUs were shut down in order to minimize the amount of hot outside air being brought into the facility. At approximately 5:30 p.m., MLD advised CVPH to remain on generator power due to being unsure of the stability of their power supply. CVPH monitored utility power and began the process of starting up the chiller plant at 5:45 p.m. At 7:30 p.m., utility power had remained stable, the chiller plant was caught up, and all AHUs were set to operate normally."

St. Mary's Hospital
The Waterbury, CT hospital did not lose power, but did suffer a minor X-ray transformer fire and had to evacuate the emergency room, reports Steve Jalowiec, PE, Director of Plant Operations at St. Mary's. Patients were moved away from the smoke and the small fire was soon extinguished. Incoming ER patients were re-routed to neighboring Waterbury Hospital for a while.

"The response by staff was excellent; no harm was done except to the transformer (and my wife)," Steve said. "It sure gives you good reason to educate and drill." He attributes the failure of the transformer to the power surges and brown outs the hospital experienced that day.

Norwalk Hospital
Norwalk (CT) Hospital lost power for six hours. All generators transferred with no problems, according to John Cebi, Director of Engineering. "The cogen plant was started as an island/black start mode, and by 5:30 p.m., with the generators, we had 80% of normal power. There was no damage to any mechanical equipment, and no disruption to patients or medical equipment."

Stamford Hospital
Stamford (CT) Hospital lost power at 4:10 p.m. and returned to normal power at approximately 1 a.m. "All generators ran with no problems. There were minor glitches along the way but nothing remarkable," said Michael Smiraglio, Director of Facilities Management, Stamford Health Systems. "Thanks to Mark English for seeking input from Connecticut healthcare engineers.

EPSS Seminar in Boston October 9
Wonder how your emergency power supply system (EPSS) is positioned to meet today's needs? Dan Chisholm, Healthcare Circuit News and Motor and Generator Institute, will conduct an EPSS seminar in Boston on October 9. See http://www.mgi-hcn.com/ Seminars.htm for more information, or contact Dan by e-mail, dchisholm@mgi-hcn.com or call (407)539-0251. NEHES members will receive a 15% discount.

Blackout
(From Page 1) vintage 1981: I was promoted to Salem (OR) Fire Dept Deputi Fire Marshal (there were six of us). The Fire Marshal gave us instructions to check for compliance with NFPA 56F (at that time) Medical Gas Systems at any dental office we might come across. I had several in my district. As a City employee I had been lectured, in fact threatened, with return to the fire trucks as a firefighter if I did not become more "sensitive" to the business owner's needs. In other words, on the one hand enforce the Uniform Fire Code, on the other hand be careful whom you anger.

While I was inspecting a dental office, I noticed a fancy new nitrous oxide and oxygen pre-piped system for the entire office complex. I found several violations of 56F, including a couple of significant ones. I recall the room was not vented, no fire separation from the offices, and something about tanks being somewhat wrongly mixed in the same room - something like that. When the inspection was finished, I always closed out the owner to discuss/explain/present the City violation notice, to include specific reference to the Standard section violated - with the typical 30 days to comply.

Oh, man, this owner became absolutely unglued at me, I mean I was embarrassed for everyone in the building who heard this and uh, oh - this could mean back to Engine 4 for me (which was just fine, a fun job in itself. After handling an emergency, I would rather be hugged by distraught young ladies for doing a fine job than be beat up by business owners after an inspection).

Anyway, I asked this angry dentist who owned the dental office to please consider something. He agreed, and I went back to the fire chair for a copy of NFPA 56F. I started out by inquiring if he was a member of the American Dental Association (ADA) - he was. Then I opened the Standard to the Committee membership, found the ADA member who represented this dentist on the Code committee, showed it to this dentist, noted the member's name and address of place of business, and asked the dentist to please contact his representative. After all, "the ADA had agreed to and supported these Code requirements or it would not be in the Code." He was quiet after that, never apologized, but had the Code violations resolved within 90 days.

Since that day, I have been a believer in the consensus code making process. I saw and understood the business owners' frustration with codes and laws promulgated by and voted on by only Code officials. But this was different. One of their own voted FOR this Code.
Greetings once again to all Region 1 ASHE members. Hopefully you are enjoying your summer and have had an opportunity to take some time off from your busy schedules. As General Colin Powell says, “Don’t always run at a breakneck pace. Take time off when you’ve earned it. Spend time with your families and enjoy yourself.” I trust that everyone is keeping informed of ASHE activities through ASHE* Flash and the *Inside*ASHE magazine. I trust also that everyone is logging on to the ASHE website on a regular basis to learn what’s new in your organization.

**ASHE Board Meeting**

On July 10-11, 2003 ASHE held a board meeting prior to the annual conference. This was the second board meeting this year, which provided an opportunity to review budget data from both the PDC and Annual Conferences. These two conferences are the primary revenue generating projects for ASHE, and their success or failure is a predictor of how we will do financially for the year. I guess it’s good news because ASHE has had two exceptional conferences this year. Our board meeting was busy as usual as we went about discussing all the organization’s business. We usually have two full days of work that involves all items of interest to your society. As your elected representative, I try hard to express your views and vote as I believe you would have me vote.

Among our topics this time were membership survey results, 2004 budget review, construction certificate program, 2004 IFHE (International Federation for Hospital Engineering) impact, registration fees at conferences, PDC (Planning, Design and Construction) marketing plans for CFO’s and CEO’s, *Inside*ASHE magazine, administrative staff increases, regional conference planning, the Pacific Rim conference. This program is tentatively scheduled to be held in China in 2005.

In addition, we heard from each of the committee chairmen and each regional director as they reviewed their work or activities in their region.

**Board Meeting Summary**

President McCully reported that ASHE received the Environmental Protection Agency’s Energy Star “Partner of the Year” award in April. EPA Administrator Christie Todd Whitman presented the award and Bill had the opportunity to make comments at the awards ceremony.

Mr. Sunseri reported that membership continues to grow at a slow rate and ASHE has exceeded 6,000 members. It appears that the Annual Conference exceeded budget targets and in 2004 ASHE will be using a Project Management approach for all of its programs, projects, and services. In 2003 a pilot program was initiated and modifications were made for 2004.

He reported that the Annual Conference in 2004 will be the host for the International Federation of Hospital Engineers 18th Annual Congress. Select programs will include presenters with a global perspective. ASHE has an outstanding opportunity to share its ideas with engineers from around the globe.

In 2004, ASHE has proposed conducting a marketing program aimed at “C” level hospital administrators. This program would highlight the role of the engineer in the hospital and share our contributions to the success of the hospital.

ASHE has been supporting a special committee that has been formulating Sustainable Building guidelines. The U.S. Green Building Council that manages LEED (Leadership in Energy and Environmental Design) has recognized this effort. The committee will continue to refine its guidelines for consideration by USGBC.

A lengthy discussion took place on finding methods to support chapter education. It was tentatively decided to attempt a pilot program to support regional education for chapters that may have difficulty in attracting speakers and in supporting education programs. It was stressed that the regional efforts would not compete with and may even support any chapter or regional education effort.

Dale Woodin provided updates on the Life Safety Code, JCAHO Standards Revision, CDC Alcohol-based handwash, and the AIA Guidelines for Design and Construction. The advocacy effort is aimed at having ASHE continue to be proactive in the formulation of policies.

Finally, it was decided to open negotiations with the AIA/AAH (American Institute of Architects Academy of Architecture for Health) for the 2005 International Conference and Exhibition for Health Facility Planning, Design and Construction. As the PDC continues to grow it is vital that we continue to examine value from existing and future collaborations.

**Chapter News**

Several chapters are busy with preparations for fall programs. For example, NEHES is busy planning its fall conference! The theme this year is “Ride the Wave” and it is being put together by the Rhode Island engineers. The conference will be held in Newport, RI this year and promises many great educational and networking opportunities. For example, you can hear from Richard Trethewey of “This Old House” and will have an opportunity to view new products from more than 100 exhibitors. For more information contact Jim Gilmore at (401) 845-5040, jgilmore@lifespan.org or Richard Mancini at (401) 444-8004, rmancini@lifespan.org.

The HES chapter held its always-successful annual golf outing at Mansion Ridge in Monroe, NY. The HES chapter has announced that long time membership chairman Richard Nemeth has decided to turn this job over to Monica Perl. Monica can be reached at (212) 480-2591, mperl@daghereengineering.com. Congratulations to Dick for his many years of great work for both HES and ASHE.

The Genesee Valley Regional Association for Healthcare Engineers, in addition to their regular programs, is trying to work with other ASHE chapters in New York. They hope to set up something with the Buffalo chapter and have been working with the Central New York Society for Healthcare Engineering group. If you are a member of the Buffalo chapter Jim Gross at GVRAHE would like to hear from you.

**Communication**

Congratulations to John Crowley for his nomination and hopefully successful attempt at being elected ASHE President Elect. Joe gave an excellent nomination speech at the annual ASHE conference and very clearly would be an excellent ASHE President so we wish him well.

I am always looking for information that I can share concerning ASHE members in Region 1. If you know of something that I should publish in this newsletter or if you have received/or know of an ASHE member who has received some special recognition, please let me know and I’ll make sure they are recognized. You can call me at (207) 779-2200, e-mail me at dgarrison@fchh.org, or add me to your newsletter mailing list.

Please fax comments or questions to: Don Garrison, Region 1 Representative, Fax: (207) 779-2736.
New Newsletter Feature: The Gotcha File
True Stories of Regulatory Oversights, AHJ Conflicts, and Lessons Learned

The NEHES Newsletter would like to introduce members to what could become a regular feature of your Society publication: "The Gotcha File" - true stories of regulatory oversights and AHJ (authority having jurisdiction) conflicts. Each story will be followed by a "lesson learned." For obvious reasons, all facility managers' submissions will be confidential! We're looking for those completely unexpected deficiencies that surveyors found at your facility, despite your best efforts to avoid them. By contributing these "gotchas," you will alert other facility managers to possible deficiencies and perhaps read something that will help you and your facility in the future.

This story idea came from Ron Vachon, Director of Facilities Management at St. Andrews Hospital, Boothbay Harbor, ME. Facility engineers offered these stories and lessons learned to start the new feature rolling:

Gotcha #1: "When we built our facility, the Fire Marshal at the time interpreted the NFPA (National Fire Protection Association) Code to mean a commercial range hood was not needed at an Activities Kitchen in our long term care facility. The new Fire Marshal inspector now interprets Code to mean such a hood is required and cited us when he walked through and saw that the Activities Kitchen had no such hood. It seems crazy to have a full commercial unit for a volunteer and a senior citizen baking cookies. The Facility Engineer was finally able to convince the inspector by referring back to the original drawings that were approved by their office."

Lesson Learned: Keep your original approvals, signed, and dated drawings with the AHJ, and keep a copy of the NFPA publications from these days gone by. It's almost impossible to argue with the AHJ on these if you don't have your backup. I'm also keeping a record of the gotcha, my written response to the AHJ, and his e-mail conceding this point for future protection should we get a different inspector next time.

Gotcha #2: "One of our satellite locations (a medical office building) received a Hazmat deficiency because a can of toilet bowl cleaner was left out in a public bathroom. The housekeeping staff didn't do this; a nursing support staff person had brought these in herself to take care of things. She felt that cleaning the toilet twice a day wasn't enough. We had an unannounced inspection that day and we were cited."

Lesson Learned: Educate, Educate, Educate.

Gotcha #3: "The soap in the soap dispenser for the therapeutic tub in our long term care facility had run out. The GNA attending a resident in the tub asked someone to get some more shampoo, so the person brought up a bottle from the stockroom and set it just inside the door so as to not disturb the resident bathing. The resident was taken back to their room and the bottle was left unattended and not behind lock and key when the state Health and Human Services inspector was visiting on a routine inspection."

Lesson Learned: No one really did anything wrong here. The nursing staff was genuinely embarrassed, they admitted to this, yet their best intention for the resident resulted in a gotcha.

Gotcha #4: "Due to an unusual frost heave, one of our back doors dragged and could only be opened easily about 35% (with about 20# force it would open all the way). While the Inspector stood there, we adjusted the weather stripping, thereby repairing the situation. He still cited us on this restricted egress. We ended up重新 working the pavement in the spring."

Lesson Learned: Emergency egress doors need to be on your inspection/PM checklists. We moved this from a quarterly to a monthly check.

Gotcha #5: "We got a hazmat citation for leaving a portable bottle of waterless hand-cleaner on a hand washing sink in a nursing unit."

Lesson Learned: These hand cleaners are still relatively new. We use many portable types of these: foam, liquid, etc. and now impose an orange label on each bottle as it is issued to generally explain the hazards of this alcohol-based product. But watch out for the ones that make it in to your facility through your drug reps and staff bringing them in.

P.S. I heard that one dietary department used this stuff when they ran out of sterno for their chafing dishes. It's very flammable.

NEHES Fall Conference attendees will have an opportunity to contribute their own "Gotchas" via an anonymous survey during the conference. NEHES members can also submit "Gotchas" to Newsletter Editor Steve Cutter, Director, Bio-medical & Facilities Engineering, Dartmouth-Hitchcock Medical Center, by phone, (603) 650-7148, fax, (603) 650-8978, or by e-mail, Steven.D.Cutter@Hitchcock.org.

"Electronic Door Locks: Life Safety vs Security," first published in The NEHES Newsletter in March and co-authored by Department of Veterans Affairs colleagues Eugene A. Cable, PE, FPE (below, left) and Philip R. Jose, PE, CSP, has been printed in the August issue of Environment of Care News. The American Society for Healthcare Engineering (ASHE) has also requested permission to re-print the article.

The EOC News is a monthly publication of the JCAHO (Joint Commission on Accreditation of Healthcare Organizations) covering current issues related to healthcare facilities.

The publication gives credit to both men for their technical support for the article and also identifies Gene as the New England Healthcare Engineers' Society Liaison to NFPA (National Fire Protection Association).

Gene has been a regular contributor of technical articles to The NEHES Newsletter and has been the Society's liaison to NFPA for several years.
Compiled by Robert J. Thompson, PE, CHSM, FPE
The Thompson Group
Fire, Life, and Safety Consulting
Boxford, MA, NEHEs Liaison for JCAHO

(Editors note: The following article represents a new approach to Mr. Thompson’s work for your newsletter. It is intended to recognize the proliferation of information available and to use this space to help you be aware of what’s happening or where you can get articles covering several subjects, one or two of which you may really need. Please let us know if this type of presentation is useful to you. Of course, your feedback might be in the extent to which you need an item. Thank you.)

With the proliferation of information available, it is nearly impossible to sort it out and to keep up to date on it all. In attempting to brief you on some issues and to help you be aware of some of the advice that’s available, the following “Briefs” and “Available” items are presented to those who might need more information on the topics discussed. You are invited to contact me, Bob Thompson, with your address if you need further information: (978) 887-6701, BobatTTG@comcast.net, or by mail, 110 Middleton Road, Boxford, MA 01921.

From JCAHO
1. January 2003 Health Facilities Management reports from JCAHO (Joint Commission on Accreditation of Healthcare Organizations) state that, while infection-related cases reported to JCAHO are relatively few, the number of patients acquiring infections in healthcare environments is actually high.

2. How are you doing with your JCAHO-identified National Patient Safety Goals? More details are available at the JCAHO website, www.jcaho.org, or by calling my office, but these include:
   • Improving accuracy in identification of patients
   • Improving effectiveness of communications among caregivers
   • Improving the use of “high-alert” medication
   • Eliminating wrong-site, wrong-patient, wrong-procedure surgery
   • Improving the safety of using infusion pumps
   • Improving the effectiveness of clinical alarm systems, and
   • (Added for 2004) Reduce the risk of health care-related infections.

   *These are tied to Environment of Care Programs.

From OSHA
With all the excitement about flammable hand cleansers, OSHA (Occupational Safety & Health Administration) prefers hand washing to the use of alcohol-based hand cleansers. The American Health Care Association, in a June letter to OSHA, asked if alcohol-based rubs would be considered “an effective means for decontaminating hands in health care settings.” Richard Fairchild, OSHA’s Deputy Director of Enforcement Programs, replied, “Hands must be washed with an appropriate soap and running water.” He went further to say that workers exposed to infectious matter or blood without access to a sink may use a hand cleanser, but must wash with soap and running water “as soon as feasible.” Safety + Health, NSC, June 2003, pp. 14-15.

From CMS
This may be old news, but you may have missed it. Although CMS (Centers for Medicare & Medicaid Services) has adopted the 2000 edition of the Life Safety Code, there are two exceptions CMS has taken to the Code.
1. CMS disallows roller latches on corridor doors in non-sprinklered buildings (effective 3/13/05), and
2. CMS has declared that any Ambulatory Surgical Center must meet the provisions of Ambulatory Health Care Facilities regardless of the number of patients the facility serves or the level of anesthesi services provided.

Earlier concerns that CMS would preclude the use of alternative methods as allowed by Chapter 5 of the Code and the exception excluding requirements for corridor smoke detectors in long term care facilities are not a part of the CMS final rule. On the same subject, JCAHO’s January edition of EC News reports comparisons of the 1985 and 2000 editions and of the 1997 and 2000 editions of the Life Safety Code. The 2000 edition of the Code was (almost simultaneously) also adopted by JCAHO. The 1985 comparison will highlight those requirements that no longer apply since JCAHO and CMS are on the same page.

Available

From JCAHO
JCAHO is offering free access – with advice - to Patient Safety news at www.jcrinc.com when you click on “Publications,” then on “Joint Commission Perspectives on Patient Safety.” Several items can be reviewed there.

Emergency Preparedness articles:

3. “Using Root Cause Analysis Proactively” discusses: Getting the team together, Interrelatedness of FMEA (failure mode and effects analysis) and RCA, Asking the right questions, and Benefits of using both processes. EC News, June 2003.
4. “What’s Missing from Your EC Management Plans?” describes the need to give a “high-level overview” of how your organization meets the intent and requires addressing each different setting (e.g., the ambulatory care setting, the hospital setting, etc.). EC News, April 2003.
5. “Using the EC Interview to Plan Building Tour.” This article discusses: A “new” approach, Reasons for the switch, The EC interview process, and The building tour. The article summarizes critical documents for the EC interview and areas that “may” be visited in the tour. Seems similar to the past, but if you are having a survey soon, call for a copy. EC News, June 2003.

From the National Safety Council
"On-Site Emergency Response Planning Guide" can be considered through a web visit to secure.nsc.org/onsitecart/ product.cfm?id=266. This newly updated guide addresses homeland security issues, including appropriate responses to levels of alert, key elements of emergency and disaster plans, and the roles of local, state, and federal agencies.

From ASHE
ASHE (American Society for Healthcare Engineering) members can access ASHE* "Flash weekly for "hot" news items in and about health care. If you aren’t signed up for this access, call (312)422-3715.

The American Institute of Architect’s Guidelines for the Design and Construction of Hospital and Health Care Facilities (2001 edition) is available through ASHE ($65 members, $75 nonmembers). Authorities in 42 states, several Federal agencies, and JCAHO cite this document for criteria in reviewing, approving, financing, and certifying facilities.
JCAHO Briefs and a Warning about Mother Nature

Compiled by Robert J. Thompson, PE, CHSM, FPE
From JCAHOnline, July 2003

JCAHO Revises Performance Areas For 2004 Random Unannounced Surveys

JCAHO has revised the fixed and variable performance areas that will be evaluated during random unannounced surveys beginning next year. Beginning in 2004, performance will be reviewed in selected Critical Focus Areas -- processes, systems, or structures in a healthcare organization that significantly impact the quality and safety of care.

The 2004 fixed performance areas are:
- Staffing
- Infection Control
- Medication Management
- National Patient Safety Goals that are relevant to an organization's care and services

To see the news release: http://www.jcaho.org/news-room/news-release/archives/nr_0707.html

2004 Medicare/Medicaid Certification-Based LTC Standards Now Online

The 2004 Medicare/Medicaid certification-based long term care accreditation standards are now posted in pre-publication format on the JCAHO website. They join pre-publication versions of the revised standards for ambulatory care, behavioral health, home care, hospital, laboratory and long term accreditation that were posted in June (see JCAHOnline June 2003). These pre-publication versions of the standards are being provided via the website to assist to those organizations preparing for 2004 JCAHO surveys.

See the standards: http://www.jcaho.org/accredited+organizations/long+term+care/standards/new+standards/ltc_mmcbas.htm

Revised Requirements for Goal 2b

Effective immediately, JCAHO has revised its requirements for National Patient Goal 2b (Standardize the abbreviations, acronyms and symbols used throughout the organization, including a list of abbreviations, acronyms, and symbols not to use.)

Complete story: http://www.jcaho.org/About+Us/News+Letters/JCAHOnline then click on July 2003, then scroll down to Revised Requirements for Goal 2b.

Standards Relating to 2003 NPSGs

At its June 26 meeting, the Standards and Survey Procedures (SSP) Committee approved the revision of five standards in the 2004 accreditation manual that relate to selected National Patient Safety Goals (NPSGs). Whenever an Element of Performance (EP) for a standard corresponds to a Recommendation for a NPSG, the language of the EP has been modified to reflect the language of the NPSG Recommendation, thereby making the EP and the Recommendation identical. The corresponding NPSGs and standards (whose EPs are modified) are: Goal 1 and standards PC.5.10 and PC.13.20; Goal 2 and standards IM.6.50 and IM.3.10; and Goal 3 and standard MM.2.2.20. Complete story: http://www.jcaho.org/About+Us/News+Letters/JCAHOnline then click on July 2003 and scroll down to Standards Relating to 2003 NPSGs.

Proposed Revised Standards Go to Field Review

The Standards and Survey Procedures (SSP) Committee has approved two field reviews. The field reviews will be posted on JCAHO's website. The first field review is of a proposed revised hospital standard relating to the use of Clinical Practice Guidelines. The second field review is of proposed revised infection control standards, recommended by JCAHO's 23-member Infection Control Expert Panel. Complete story: http://www.jcaho.org/About+Us/News+Letters/JCAHOnline then click on July 2003 and scroll down to Proposed Revised Standards Go to Field Review.

Shared Visions-New Pathways Update

In August, JCAHO account representatives began calling accredited organizations to make sure they are aware of the upcoming changes in the accreditation process and to answer questions about Shared Visions-New Pathways. Complete story: http://www.jcaho.org/About+Us/News+Letters/JCAHOnline then click on July 2003 and scroll down to Shared Visions-New Pathways Update.

As You Prepare for Potential Attacks Don't Fool with Mother Nature

By Robert J. Thompson, PE, CHSM, FPE

With much emphasis on potential terrorist attacks, which clearly are a reality today, it may be too easy to ignore the many traditional threats that face your facility. Healthcare staffs are usually on top of these concerns, but we must be careful not to ignore or downplay disaster threats from the traditional climatic and utility incidents.

Meteorological experts believe that we are not as prepared as we ought to be for natural events. While terrorism is a real concern, the chance of lightening strike or a flash flood is greater. Healthcare facili-

ties must be ready to handle extreme natural events before they happen.

With the exception of China, the United States is the most extreme weather-prone country on the globe. According to the National Weather Service, America annually averages 1,200 tornadoes, 5,000 floods, 10,000 severe thunderstorms, and 100,000 thunderstorms. The U.S. is also threatened by 10 tropical storms, six of which become hurricanes.

Among the greatest concerns in emergency preparedness today is the protection of business continuity (one aspect of "recovery" in JCAHO vernacular) and a facility's ability to get back up and running after a disaster strikes. From a business standpoint, distribution of risk through multi-site network organizations can help in the response to threats to business continuity. On the other hand, inter- and intra-community planning can help alleviate the risk to overall community service in the event one facility is impacted by a major event. Right now people are focusing on terrorism. But if you plan well for natural hazards you are on the way to dealing with the terrorist threat. Expert(s) advise that (healthcare) people need to take an all-hazards approach to dealing with emergency preparedness, so as to be better prepared to deal with what nature or terrorists may bring their way.

- Based on "Weathering the Storm" by Markisan Naso, Associate Editor, Safety and Health, National Safety Council, June 2003, pp. 38-39.

JCAHO Clarification*

Cooperative Emergency Planning
Edited by Robert J. Thompson, PE, CHSM, FPE

Cooperative planning with community emergency and response organizations is required for ambulatory care, behavioral care, hospital, and long-term care facilities. Home care organizations must cooperatively plan with regional or county organizations such as police and fire departments. JCAHO Standards E.C.1.4 covers these requirements in the appropriate accreditation manuals (E.C.4 for Home Care). In the March 2003 issue of JCAHO Perspectives, an article explains that only hospitals and long term care facilities are required to include other healthcare organizations in their cooperative planning (E.C.1.4). You are invited to direct questions about these requirements to JCAHO's Standards Interpretations Group, www.jcaho.org or (630)792-5900 or (630) 792-5759.

* Environment of Care News, JCAHO, June 2003, p. 3.