It's Not too Late to Sign Up for Dale Woodin's Presentation on the New JCAHO Survey Process at the Spring Seminar on March 26

Healthcare engineers who haven't made advance reservations for Spring Seminar, to be held on Friday, March 26, shouldn't despair — walk-ins and Visa/MasterCard payments for registration are welcome on the day of the seminar.

Dale Woodin, CHFM, the Deputy Executive Director of ASHE and one of the country's top authorities on regulatory issues, will present an all-day program.

His topics will include the New JCAHO Survey and Assessment process, and the Scoring and Content of Management Programs (Life Safety, Utilities, Medical Equipment, Sentinel Events, and Patient Safety Goals).

"These questions will be addressed as well as the use of other supporting codes, standards, and guidelines from NFPA, CDC, AIA, and others in developing and optimizing your management programs.

"In addition, National Patient Safety Goals, Sentinel Event Alerts, and other hot topic issues will be addressed," Dale said.

Spring Seminar Schedule

- 7:30 a.m. - Registration at the Four Points by Sheraton Leominster Hotel
- 8:30 a.m. - The New JCAHO Survey Process: Management Plans and Monitoring
- 10:15 a.m. - Break – Technical Exhibits
- 10:45 a.m. - Examples of Compliance, Self-Assessment and Evaluations, Record Keeping. Ties to ICRA, NFPA, and AIA Guidelines and Standards.

(See remainder of schedule on Page 2)

Recognition is an Important Mission of NEHES: Take Part in Selecting the 2003 NEHES Engineer of the Year

By Don Garrison
Chief of Facility Management
Franklin Community Healthcare Network
Framington, ME, ASHE Region I Director,
2002 Engineer of the Year,
Chair, 2003 Engineer-of-the-Year Committee

Recognition opportunities for the good work we do are few and far between, and that is why NEHES has established the tradition of presenting an Engineer-of-the-Year award to a deserving member. This is as much a mechanism for enhancing professional development as continuing education and exchanging information.

The selection of the 2003 Engineer of the Year begins now with the nomination process and will wrap up this summer with an election by the full NEHES membership.

Included in this newsletter is a "fax-back" nomination form as well as a list of suggested criteria for nominating candidates. Nominations can be made either by fellow members or by state or local chapters. All identified candidates will receive a questionnaire seeking more in-depth information.

Once that information is received back, it will be published in the 2nd Quarter newsletter for consideration by the entire membership. A fax-back ballot will also be included in this newsletter, with an exhortation for all to exercise their right to vote for the candidate of their choice. The Board will confirm the candidate selection at its September meeting, and the successful candidate will be announced during the Annual Banquet on Tuesday evening, October 5, 2004 at the Fall Conference in Bretton Woods, NH.
Get Some Help with the New JCAHO Survey Process at Spring Seminar

(From Page 1)
12:00 - Lunch and Visit Technical Exhibits
1 p.m. - Scoring and Content of Management Programs (Life Safety, Utilities, Medical Equipment, Sentinel Events, and Patient Safety Goals).
2 p.m. - Break - Technical Exhibits
2:15 p.m. - Emergency management from a facility manager's perspective as it ties to JCAHO; break down that management plan to what is expected of facilities and connect with OSHA, EPA, CDC, and homeland security guidance.
2:45 p.m. - Questions and Answers
3:15 p.m. - NEHES Board Update
3:30 p.m. - Adjourn


What Facility Managers Will Learn

JCAHO is dramatically changing the survey process for 2004. Periodic Performance Review, Tracer Methodology, and Critical Focus are all new terms and concepts that will shape the new survey process. The seminar will provide information on how these new processes will impact current management plans. Attendees will learn which data still can be used, and where they will need to start from scratch in building a new process. Dale will provide proven techniques and how to best present documentation needed to convince a surveyor that the hospital is in full compliance with all standards. The use of supporting codes, standards, and guidelines from NFPA, CDC, AIA and others in developing and optimizing management programs will be covered. Participants will learn to use easier methods of complying and have an understanding of how to best manage the EOC requirements.

Calling all Business Partners: To become a sponsor of Spring Seminar, contact Bob Lord, Parkview Adventist Medical Center, (207) 373-2212; fax, (207) 373-2337; e-mail blord@parkviewhospital.org. Sponsors to date include:
- Energy Machinery
- Enterprise Trenchless Technologies, Inc.
- Flynn Petroleum LLC
- Infra-Red Analyzers, Inc.
- MCMUSA Inc.
- SMRT
- Theriault/Landmann Associates
- William G. Frank Medical Gas Services

Register: Online, Fax, Mail: Go to www.nehes.org, click on Spring Seminar Application, print and complete the form. Mail the form and check to Ron Vachon (address is on the form) or fax to him if using a credit card. Walk-ins on March 26 will be admitted, but advance reservations are appreciated. Facility managers who would like to join NEHES may designate $25 of their registration fee for one year of Society dues. Attendees are encouraged to bring co-workers to the Seminar.

Questions? Contact Ron Vachon, St. Andrews Hospital and Healthcare Center, (207) 633-2121 x308, fax, (207) 633-4209, e-mail rva- chon@standrewshealthcare.org

Continuing Education Credits: Facility managers who need to fulfill the requirements for the Certified Healthcare Facility Manager process will earn 5.5 CEUs for attendance at Spring Seminar.

Abbreviations used in this issue of The NEHES Newsletter

<table>
<thead>
<tr>
<th>Abbreviation</th>
<th>Definition</th>
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<tbody>
<tr>
<td>AEE</td>
<td>Association of Energy Engineers</td>
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<tr>
<td>AHJ</td>
<td>Authority Having Jurisdiction</td>
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<tr>
<td>AIA</td>
<td>American Institute of Architects</td>
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<tr>
<td>AO</td>
<td>Accredited Organization</td>
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<td>ASHE</td>
<td>American Society for Healthcare Engineering</td>
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<td>ASME</td>
<td>American Society of Mechanical Engineers</td>
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<td>CCE</td>
<td>Certified Clinical Engineer</td>
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<tr>
<td>CDC</td>
<td>Centers for Disease Control</td>
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<td>CEU</td>
<td>Continuing Education Unit</td>
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<tr>
<td>CHA</td>
<td>Connecticut Hospital Association</td>
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<td>CHES</td>
<td>Connecticut Healthcare Engineers Society</td>
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<td>CHFM</td>
<td>Certified Healthcare Facility Manager</td>
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<td>CHSP</td>
<td>Certified Health Care Safety Professional</td>
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<td>CJCS</td>
<td>Certified Joint Commission Surveyor</td>
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<td>CMS</td>
<td>Centers for Medicare &amp; Medicaid Services</td>
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<td>CPE</td>
<td>Certified Plant Engineer</td>
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<td>CSP</td>
<td>Certified Safety Professional</td>
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<td>EOC, EC</td>
<td>Environment of Care</td>
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<td>EP</td>
<td>Element of Performance</td>
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<td>EPA</td>
<td>U.S. Environmental Protection Agency</td>
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<td>FASHE</td>
<td>Fellow of ASHE</td>
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<td>FPE</td>
<td>Fire Protection Engineer</td>
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<td>HCFA</td>
<td>Health Care Financing Administration (now CMS)</td>
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<td>H2E</td>
<td>Hospitals for a Healthy Environment</td>
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<td>ICRA</td>
<td>Infection Control Risk Assessment</td>
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<td>JCAHO</td>
<td>Joint Commission on Accreditation of Healthcare Facilities</td>
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<td>MEP</td>
<td>Mechanical, Electrical, Plumbing</td>
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<td>MOS</td>
<td>Measures of Success</td>
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<td>MT(ASCP)SC</td>
<td>Medical Technologist (American Society of Clinical Pathologists) Specialist in Chemistry</td>
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<td>MHES</td>
<td>Maine Healthcare Engineers Society</td>
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<td>NHHSE</td>
<td>New Hampshire Society of Healthcare Engineers</td>
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<td>NFPA</td>
<td>National Fire Protection Association</td>
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<td>Professional Engineer</td>
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<td>PPR</td>
<td>Periodic Performance Review</td>
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<td>RIHES</td>
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<td>SFM</td>
<td>State Fire Marshal</td>
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<td>Senior of ASHE</td>
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<td>Standards Interpretations Group</td>
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<td>SSHES</td>
<td>South Shore Healthcare Engineering Society</td>
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<td>SOC</td>
<td>Statement of Conditions</td>
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<td>SCA</td>
<td>Toxic Substances Control Act</td>
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<td>VHES</td>
<td>Vermont Healthcare Engineering Society</td>
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Meet Your President

By Dawn A. LeBaron, CHFM
Director, Facilities Management
Fletcher Allen Health Care
Burlington, VT, NEHES President, ASHE 2003 Region 1 Emerging Leader

Greetings to you all. It is a pleasure to be addressing you as the President of the New England Healthcare Engineers’ Society. By the time you read this, the 2004 NEHES Board of Directors will have already made good progress towards achieving the goals and objectives established at the annual planning retreat held December 5-6, 2003 at Bretton Woods, NH. As many of you know, the Board convenes at the venue of the following year’s annual Fall Conference. You are all in for a treat when you attend the 2004 Fall Conference hosted by the New Hampshire Chapter. It was certainly a great location for a two-day planning retreat and I know it will more than meet your expectations when you join us in the fall.

As has been the tradition, the 16 Board members convened early Friday morning, December 5, to begin designing the road map for the direction of the Society for 2004. President Mark English welcomed the group and opened the meeting. As incoming President, I took over conducting the meeting and Mark acted as facilitator. The 2004 Board Meeting schedule was developed, then Secretary Ron Vachon conducted a review of 2003 activities.

Most were present at the annual meeting held in Newport, RI on October 23, 2003. Most of the 35 items were completed. The few remaining items will be carried over to 2004. Committee chairs were appointed and members can refer to the Board of Directors directory available on the website, www.nehes.org, and as an insert in this newsletter for the latest list. A significant amount of time was spent discussing the two major educational events; our spring and fall conferences. These conferences continue to be successful by most measures so no major changes were proposed. There is interest in improving membership attendance and ideas were discussed. Supplementing the cost of lodging will continue to be supported as a member benefit. All of the membership at large is encouraged to bring conference attendance issues forward to me or to members of the Board.

Discussion was held regarding potential steering and by-laws changes. One potential proposal involves changing the membership period from calendar year to anniversary date. There is some activity around adding a fifth chapter in Massachusetts and corporate sponsorship of the newsletter. You will hear more details on all of these proposals from our steering and by-law chair Mark English.

The group spent time on communications initiatives. Improvements to the website are underway and a NEHES chapter LISTSERV is planned soon.

Discussion around membership initiatives involved ideas to increase value to current members as well as initiatives to engage new members. Chapter Representatives were charged with the task of soliciting members from unrepresented facilities within their regions.

A very important goal has always been to provide advocacy and liaison support to all members. Gene Cable will continue to provide excellent support for our input to NFPA. Several members will work on Patient Safety Goals, Medical Gas Fittings, and Nurse Call Standards. Bob Thompson will continue to develop newsletter updates regarding JCAHO changes.

It is important for the NEHES Board to sustain candidates for ongoing leadership roles. The Board discussed methods of introducing new participants to Board roles. All Board members are encouraged to bring those with interest to serve to Board meetings.

The group ended the retreat with an energetic discussion around 2004 budget development. Kevin Keating has accepted the role of Treasurer and will make a few changes in the way the monthly treasurer’s reports are delivered. His new format will provide more real time information for review by the Board.

As the group wrapped up, members of the Board generated the 2004 Action Items containing 45 initiatives for action. We are confident that the majority of the items will be accomplished and of course we are always willing to add new initiatives brought forward mid year. You can stay tuned to our progress through the newsletter, and I encourage you all to contact me or any Board member for clarification or to contribute your own thoughts or ideas.

Here’s to a happy, safe, and productive 2004.

(Editor’s note: Dawn LeBaron achieved two milestones in 2003 by becoming the first woman to receive an Emerging Leader award through ASHE’s Personal Recognition Awards program and the first woman to become NEHES president.)

Meet Your President-Elect

By John Crowley,
SASHE
Director of Facilities Management
Saints Memorial Medical Center
Lowell, MA, NEHES President-Elect

First, my thanks for the welcome and support from all the members on my return to the Board. There is a great feeling of positive energy among the Board members and the Society. You are to be congratulated on growing the Society and providing the leadership needed to keep this Society viable.

Joe Mona of Lawrence General Hospital and I have been discussing ways to bring those hospitals who do not have a regional group to call their own an opportunity to either join an existing group or create a regional group to facilitate local meetings and peer contacts. Our contact in the Worcester area is Gary Valcourt, Director of Facilities at Medical Center of Worcester. Discussions continue but we have not made great progress as yet. Gary has only been with his facility a short time. We will continue to work on this item. We also want to work to strengthen the Midltermac and Western Mass chapters.

As your President-Elect, I’m also going to focus on the Board of Directors Guidelines. Please send any changes in these Guidelines to me.

I have also volunteered to chair a Board subcommittee on the issue of how NEHES will interface with the ASHE 2006 Annual Convention that will be held in Boston in June or July of that year.

This is also the year that the Massachusetts chapters will be arranging the NEHES Fall Conference. Because many members can attend only one major function per year, we plan to survey our membership to see what would appeal to them, either an abbreviated fall event or joining with ASHE during the Annual Convention. We will be discussing this further at our February Board of Directors meeting.

I am also working with Ms. Cecilia DeLosch of the EPA concerning articles for the newsletter that the HSE State Partnership Program may provide. I welcome any comments concerning this idea, or any other items I am working on.
Facility managers and support personnel will be able to choose between two educational tracks at the 2004 Fall Conference, according to Education Chair Steve Cutter.

"The newsworthy information is that the program will be two-track, providing a choice of programs for most sessions. For Track 1, I have been working with NFPA to present a Life Safety 101 primer. This track will extend throughout the conference’s education program and will be broken down into modules. While this is still in development, the modules may be grouped as follows:

- Code intent/Definitions
- Building types
- Compartmentation/rated barriers
- Suites
- Means of Egress/exits."

Track 2 is still under consideration, but the intent is to provide topics of interest in MEP (Mechanical, Electrical, Plumbing) and Project or Management areas. Dean Samet, CHSP, CJCS, Associate Director/Senior Engineer in the Department of Accreditation Operation at JCAHO, will lead the JCAHO sessions.

Several other speakers will be announced soon.
Conference attendees will receive a to-be-announced number of CEUs from ASHE.

Tentative Conference Schedule:
- Sunday: Golf outing. If you know any potential vendors who are also golfers, or even vendors who are non-golfers but who would like to participate in some way, please let Tom Humphrey know. (Contact information is under Other Organizers). A reception/awards ceremony will follow at the lounge in the new golf club house.
- Monday morning: Education sessions for attendees; exhibitors set up booths
- Monday afternoon: Technical exhibit, lunch with exhibitors, reception in exhibit area
- Tuesday and Wednesday: Education sessions
- Tuesday evening: Awards banquet

To Exhibit and Sponsor, Contact:
- Rick Bowen, Wentworth-Douglass Hospital, Dover, phone, (603)740-2471; fax, (603)740-2105; mtrb@wdhospital.com
- Dave Dagenais, Wentworth-Douglass, phone, (603)740-2471; fax, (603)740-2105; Mtd@dwdhospital.com
- George Lemire, Hillcrest Terrace Retirement Community, Manchester, phone, (603)465-6500; fax, (603)626-7724; georgelemire@comcast.com
- Jim Woods, Concord Hospital, Concord, phone, (603)225-2711 x3558; fax, (603)228-7197; jwoods@cmh.org

Other Organizers:
Conferece Chairman - Bruce Brown, Littleton (NH) Regional Hospital, phone, (603)444-9201; fax, (603)444-9082; bbrown@littletonhospital.org
Treasurer - Steve Shaw, Southern New Hampshire Medical Center, Nashua, phone, (603)577-2911; fax, (603)577-5613; Stephen.Shaw@SNHMC.org
Education - Steve Cutter, Dartmouth-Hitchcock Medical Center, Lebanon, phone, (603)650-7148; fax, (603)650-8978; Steven.D.Cutter@Hitchcock.org, and Mike Mondoux, RiverWoods at Exeter, phone, (603)772-4700; mmmondoux@riverwoods.org
Spouse/Guest Program - Phil Chaput, Dartmouth-Hitchcock Medical Center, phone, (603)650-7150; fax, (603)650-8978; PhilChaput@hitchcock.org
Golf Tournament - Tom Humphrey,

New Hampshire's Cog Railway, one of the state's most popular tourist attractions, is near the Mount Washington Hotel. The world's first mountain-climbing cog railway, it ascends the 6,288-foot Mount Washington, the highest mountain peak in the Northeast.

Monadnock Community Hospital, Peterborough, phone, (603)924-7191; fax, (603)924-9586; Tom.Humphrey@mch.crhc.org
Registration/Attendees - Ken Waite, Hillcrest Terrace Retirement Community, Manchester, phone, (603)645-6500; fax, (603)626-7724; kwaite@cmh.nh.org, and Phil Chaput
Publications/Brochure - Lloyd Berry, Speare Memorial Hospital, Plymouth, phone (603)536-1120; lberry@spearehosp.org, and Bruce Brown
Entertainment, Past Presidents Gathering, Other Details - Bruce Brown

To Register:
Registration brochures will be mailed to NEHES members this summer. Watch future newsletters and www.nehes.org for more information.

New Hampshire Websites to Visit When Planning Your Trip
www.mtwashington.com
www.thecog.com
www.visitnh.gov
Welcome, New Active and Supporting Members!

**Connecticut:**
John C. Hickey is the Project Manager at Tighe & Bond, 213 Court St., Suite 900, Middleton, CT 06457. Area of responsibility: consultation. Phone, (860)704-4768; fax, (860)704-4775; jchickey@tighebond.com (Supporting) Joe LaRoche is the Director, Construction/Design Facilities and Safety Officer at Charlotte Hungerford Hospital, 540 Litchfield St., Torrington, CT 06790. Areas of responsibility: Engineering, Facilities Management, Safety, Project Management, Construction. Phone, (860)486-6871; fax, (860)482-8627; jlaroche@hungerford.org (Active)

**From Massachusetts:**
Paul R. Crawford is the Director of Facilities at Emerson Hospital, 133 Ornac, Concord, MA 01742, and a member of ASHE. Areas of responsibility: Engineering, Facilities Management, Maintenance, Project Management, Construction, Bio-Medical. Phone, (978)287-3241; fax, (978)287-3277; pcrawford@emersonhospital.org (Active)

**From New York:**
Philip R. Jose, PE, CSP is a Safety and Fire Protection Engineer with P.R. Jose & Associates, 119 Chancellor Drive, Guilden, NY 12084, and a member of ASHE and NFPA. Areas of responsibility: Safety, Fire Protection, JCAHO. Phone, (518)209-3473; fax, (518)626-5556; pjrjose1@nycap.rr.com (Supporting)

**From Vermont:**
Jeffrey B. Nichols is the Facility Engineer at Veterans Affairs Medical Center, 215 North Main St., White River Junction, VT 05009-0001, and a member of AEE. Areas of responsibility: Engineering, Facilities Management, Project Management, Construction. Phone, (802)280-6612; fax, (802)296-6374; jeffrey.nichols@med.va.gov (Active)

*News for Members*

**Applying for the SASHE or FASHE? Maybe NEHES Can Help**

One of the rewards NEHES receives as a designated ASHE Gold Chapter are two free applications for the ASHE APEX awards (Actions for Professional Excellence Professional Development Program).

Any NEHES member who is thinking about applying for the SASHE or FASHE designations should contact President Dawn LeBaron for more information about the free applications. The normal filing fee for either application is $125.

**Do Your Suppliers have Healthcare Contractor's Certificates?**

More than 1,600 suppliers to healthcare facilities, and even some of those healthcare facilities themselves, have sent representatives through ASHE's two-day Healthcare Contractor Certificate Program.

The 15-hour program is regularly presented in various locations across the country. It covers many topics related to healthcare construction and renovation, including construction risk assessment, the unique challenges contractors will face when working in a healthcare environment, medical gas systems, and healthcare codes and standards. The certificate of successful completion that attendees receive is valid for two years. To view the full list of recipients by state, go to www.ashe.org, click on About ASHE, then on Awards, then on Healthcare Contractors Certificate Recipients. ASHE periodically updates this list. See www.ashe.org, Conferences & Seminars, for a complete schedule of seminars.

**Members-only Access Now Available on www.nehes.org**

At the request of the NEHES Board of Directors, the Members Only area on the NEHES website, www.nehes.org, is now protected by a user ID and password.

Included in the Members Only area are the Membership Directory, Newsletters, Guidelines for the Board of Directors, Bylaws, and the NEHES letterhead. To access this area, use the following:

- User ID: health
- Password: engine

**ASHE Membership Winners**

Steve Cutter, CHFM, and Joe Mona are the lucky winners of one-year ASHE memberships.

NEHES received the memberships as part of its recognition for achieving the status of an ASHE Gold chapter. Winners were drawn at random from names of those who attended the ASHE Annual Meeting during the Fall Conference in Newport, RI.
NEHES has nine affiliated chapters, four of which are in Massachusetts. Some chapters meet monthly; others gather less frequently. Beginning with this issue of The NEHES Newsletter, we will provide updates on chapter activities based on reports that chapter representatives have made to the NEHES Board of Directors. To become involved in the NEHES chapter in your state, please refer to the enclosed Board of Directors insert in this newsletter or www.nehes.org for the appropriate state or chapter representative's name and contact information.

Recent chapter meeting topics and activities include:

Connecticut Healthcare Engineers Society (CHES)
- JCAHO Surveys: CHA (Connecticut Hospital Association) will send members a schedule of expected JCAHO surveys in the state. The group can then use the schedule to share information.
- Decontamination Showers: Norwalk Hospital is planning a tabletop drill and was looking for any learned experiences from other hospitals that have conducted drills.
- HVAC Upgrades for Isolation: Norwalk Hospital was looking for any information as to what other hospitals were doing to create isolation units. Discussed were the facts that the federal government is allocating funds for this purpose and that some of the facilities had or would be making modifications using existing systems (smoke evacuation systems) or installing new exhaust systems.
- Trade Licensure: The group had a short discussion on the medical gas installation and maintenance legislation. It was requested that CHA schedule an additional training session for facilities that have plumbers that are not certified.
- Waste Gas in the OR: A facility manager asked if anyone was experiencing any complaints or additional testing.
- Emergency Power Systems: One facility manager shared an experience where his main transfer switch failed due to a battery failure in the UPS system that powers the switch.
- Membership: A review of the Connecticut hospitals against the NEHES active member list dated 10/1/03 indicated that 42% of the hospitals had a NEHES member. From the initial review it appeared that these members were at their position for several years and that the group is missing a number of new directors in the state. During the month of January, Fred Leffingwell sent out 22 e-mails to those facilities that did not have a member with NEHES. So far, managers from seven facilities have contacted Fred to indicate they would be interested in joining. Another manager said he had not attended any of the past functions but looked forward to attending some in the future. The group currently has nine supporting members, which places Connecticut above the 2 to 1 ratio of Active to Supporting members. In February, Fred plans to make follow-up calls to those engineers that have not responded.
- Alcohol-Based Handwashing: This matter is still pending a decision from the State Fire Marshal. CHA plans to schedule a meeting between the SFM office, the state health department, and several members of the engineering group to discuss the possibility of issuing a joint statement. Fred Leffingwell has received a notice from the State Fire Marshal's office on some research that was done by the Connecticut Office of State Fire Marshal and Hartford Hospital. It is a five-page letter that concludes, "The installation and use of alcohol-based hand sanitizers does not introduce a new substance, unknown hazard, new use, new dispensing equipment, or a new location to the health care environment. Practical installation considerations, housekeeping, storage, and training in proper use, as is commonly practiced in the health care community, reinforces that this infection control product does not introduce a new, increased or unknown hazard." Fred has also done a follow-up with the local Fire Marshal in New London to verify that this notice is to be considered the State Fire Marshal's response to the original citation. The New London Fire Marshal has indicated that it is and that he will be issuing a letter to Fred.
- Training: In January Fred started a dialogue with CHA to expand training seminars for the engineering group. Proposed topics include Snow and Ice Control, Parking Facilities, Boiler Fundamentals, Measuring Preventive Maintenance Performance, NFPA, and the possibility of some hands-on technical training for technicians. The CHA education group did show some interest and Fred is waiting for their reply.
- Chapter Officers: Facility managers hope to elect a new state of officers soon. Fred Leffingwell, CHFM is the State Representative to the NEHES Board; Alternate is Mark English, CCE, SASHE, CHFM.

Maine Healthcare Engineers Society (MHEES)
- Facility Tours and Programs: Don Garrison, Franklin Community Health Network, Farmington, hosted the December 19, 2003 meeting with 16 engineers attending. Don showcased a $12 million project that he had just completed that included new construction and renovation of the oldest part of the hospital. He showed MHEES members the new conference rooms and an electronic computerized system. Bob Lord, Parkview Adventist Medical Center, Brunswick, hosted the January 23, 2004 meeting with 12 engineers attending. Bill Frank of William G. Frank Medical Gas Services talked about some of the new NFPA requirements regarding certification for installation and maintaining medical gas equipment. He said there will be training seminars set up to certify healthcare maintenance workers so they can service their own outlets. A business meeting and a discussion on how to involve engineers in both MHEES and NEHES followed.
- Chapter Officers: Milt Dudley, CPE is President; State representatives are Robert Lord, Primary; and Milt Dudley, Alternate.
New Hampshire Society of Healthcare Engineers (NHSHOE)
- 2004 NEHES Fall Conference: New Hampshire engineers are organizing the event and are having lengthy planning meetings each month in order to finalize numerous details. See article on the conference elsewhere in this newsletter.
- Nominations, 2005 Planning: In November, members will nominate officers for 2005 and propose topics for the 2005 education calendar; in December, they will elect officers and finalize the education calendar.
- Chapter Officers: President – Bruce Brown; Vice-President – Phil Chaput; Secretary - this role will alternate monthly; Treasurer – Steve Shaw; State Representative to NEHES – Steve Shaw; Alternate State Representative to NEHES – Steve Cutter.

Rhode Island Healthcare Engineer Society (RIHES)
- Education Program: Square D representatives talked about hospital isolated power systems and many other new products at the monthly meeting January 9 at Newport Hospital. A short meeting followed the presentation.
- Chapter Officers: Donald Croteau is the State Representative to NEHES; Alternate is Ray Hultnak. Don is also the President; Louis Pavao is Vice President, and Jim Gilmore, CHFM, SASHE is Treasurer. South Shore Healthcare Engineering Society (SSHES)
- Quarterly Meetings: The group has decided to hold quarterly meetings beginning February 27 at a member’s hospital. The vendors that sponsor these meetings will be asked to present and distribute materials that will assist members with their training and educational needs. Members will also be asked to approve the following changes to the by-laws.
  1. That SSHES’ Business Meetings be held quarterly. The Annual Banquet shall not be considered a Quarterly Business Meeting.
  2. That the Terms of President and the Secretary/Treasurer be extended from one year to two years.
  3. That the Office of the Treasurer/Secretary be split into two separate offices.
- Chapter Officers: President - John Duraes; Secretary/Treasurer - Robert Crepeau. John is the State Representative to NEHES; Robert is the alternate.

Vermont Healthcare Engineering Society (VHES)
- Education Program: Jim Smith, president of EQ2, spoke at the VHES meeting January 16, 2004 at the Fanny Allen Campus of Fletcher Allen Healthcare. The presentation included an overview of Internet based work requests and wireless information systems modalities. These technical opportunities can be used with computerized maintenance management software to make it easier for clinical staff to enter work requests as well as to get ongoing updates of work progress. The wireless systems using Personal Digital Assistant technology have the potential to make technician work management a practical, paperless process.
- CHFM Discussion: Most of the discussion centered around the Certified Healthcare Facility Manager certification process. CHFMs Ed Lydon, Brian Sallisky, and Mark Blanchard were present to discuss their experiences with the group. VHES will use its six annual meetings to provide educational content that would be helpful to those preparing for the CHFM and for those working to keep certification. Meeting attendees will receive certificates for each educational session as required by the CHFM standards. The CHFM discussion included projections of hiring trends and the need to create a standard of care for facilities management personnel. The traditional model of being an “engineer” is no longer valid, but the CHFM can provide a way to assure a level of proficiency that will serve the facility well. VHES supports the advancement of facility maintenance staff to the level of facility manager, and CHFM can and has been helpful in allowing these individuals to stake their claim. Likewise, when evaluating prospective facility managers, the CHFM designation can be helpful in selecting qualified applicants. VHES will encourage CHFM testing, and will actively use local and hospital public relations groups to recognize the initial and ongoing activities of the members.
- Chapter Officers: President - Ray Forsell; President-Elect - Peter Irving; Secretary/Treasurer - Mark Roberts; State Representative - Ray Forsell; Alternate - Dawn LeBaron, CHFM.

Dedicated NEHES Volunteers Also Find Time to Serve on ASHE Committees

Five NEHES members are volunteer members of ASHE committees this year. Steve Cutter, CHFM, Newsletter Editor/Website, is serving on two ASHE committees: Facilities Management and Education.
Don Garrison, ASHE Region 1 Director, is a member of the Planning Design & Construction Management Committee and the Recognition Committee.
Dawn LeBaron, CHFM, NEHES President, is a member of the Facilities Management and Education Committees.
Dana Swenson, PE, is on the Emerging Trends and Advocacy Management Committee.
Ron Vachon, NEHES Secretary, is a member of the Advocacy Management and the Facilities Management Committees.
By Mark English, CCE, SASHE, CHFM
Senior Engineer
Hartford Hospital
Hartford, CT,
Co-Chair, Steering & Bylaws Committee,
Chair, Education and Career Development Committee,
Chair, Archives Committee

The idea of maintaining archives can be very appealing to those who have a penchant for things historical. As organizations in general go, NEHES is a relative newcomer to the world of professional societies, although it is almost as old as our healthcare engineering profession is. And our history is surprisingly rich, considering the brevity of its existence.

The NEHES Bylaws do not specifically call for a standing committee on archives. However, Article IX Section 9-8 does provide the opportunity for the President to appoint special committees from time to time as authorized by the Board. President Dawn LeBaron has taken advantage of that opportunity and appointed an Archives Committee Chair (me) this year.

Maintaining archives for an organization like NEHES is difficult for several reasons. Because we do not have a permanent "home" or office, these documents get handed down from person to person as membership profiles change. Not surprisingly, there have been times when there hasn't been that person with the historical penchant willing to step forward and do the work necessary to collect, organize, and preserve them. Another reason is that the quantity of documents can become overwhelming, which actually discourages members from volunteering to work on archival materials.

At the present time, our archives consist primarily of past newsletters, spring seminar and fall conference brochures, and piles of month to month meeting minutes and Board member reports.

Arguably the best and most readily usable record of the Society's history is in the form of our collection of past newsletters. Perhaps you have seen them on display at recent NEHES Spring Seminars and Fall Conferences. Although that collection is rather substantial, it is unfortunately not complete.

As Archives Committee Chair, I have four goals for 2004:

1. Find as many missing newsletters as possible, incorporate them into our collection, and preserve them;
2. Whittle the pile of documents down to a manageable size, probably by saving only Board of Directors meeting minutes, newsletters, seminar/conference brochures, select photographs, and any other extraordinary documents;
3. Getting as much done as possible in anticipation of NEHES' 50th anniversary in 2008; and
4. Organizing these materials into physical formats that will not scare the living daylight out of future NEHES archivists!

Given these objectives, I have two requests of the NEHES membership:
1. If you have any materials you think might meet the above criteria, please let me know; and
2. If you are interested in this endeavor (and the word "interested" is key), I would welcome other members to the Archives Committee.

Contact Mark by e-mail, menglis@hathosp.org, or by phone, (860)545-2661.
NEHES Engineer of the Year Award

Suggested Selection Criterion

1. Over the nominee's career (and particularly 2003), the candidate has displayed commendable leadership qualities.

2. Over the nominee's career (and particularly 2003), the candidate has ably represented the interests of the New England Healthcare Engineers and the hospital engineering profession.

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

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

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

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

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

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

9. During 2003 the candidate has devoted significant amounts of time to a project which has brought positive (outside) recognition to the Society and its members.

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

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

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

************

After you read this page, please TURN it OVER and NOMINATE a candidate!
Be sure to read the Selection Criteria on the back of this form first!

NEHES Engineer of the Year Award Nomination Form

Name and Title of Nominee: __________________________________________
Facility: __________________________________________________________
Phone, e-mail: ______________________________________________________

Reasons for nomination:

- Contributions to NEHES in 2003
  _________________________________________________________________
  _________________________________________________________________
  _________________________________________________________________

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

- Service to fellow healthcare engineers
  _________________________________________________________________
  _________________________________________________________________
  _________________________________________________________________

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

Name of Nominator: _____________________________________________ Phone ____________________________
E-mail __________________________________________________________

Return or Fax to: Don Garrison
Chief, Facilities Management
Franklin Community Health Network
111 Franklin Health Commons
Farmington, ME 04938-9990
dgarrison@fchn.org
Phone: (207) 779-2200
Fax: (207) 779-2736

Thank you for taking the time to nominate a colleague for this important award.
The New JCAHO Survey Process Divides Health Care Organizations into Two Groups Depending on When Triennial Surveys are Scheduled

By Susan B. McLaughlin
MBA, CHSP, MT (ASCP)/SC
President
SBM Consulting, Ltd

(Editor's Note: The following is a summary of an October 2003 NEHES Fall Conference presentation by Susan McLaughlin. In addition to other consulting work, Susan serves as a Codes and Standards Consultant to ASHE.)

Joint Commission's new survey process, Shared Visions - New Pathways, became a reality on January 1, 2004. Its impact, however, will divide health care organizations into two groups: those with triennial surveys scheduled before July 15, 2005, and those with surveys after that date. Those in the earlier survey group will experience the new on-site survey without the prior completion of the Periodic Performance Review (PPR). The latter group will have both the PPR and the new survey process.

The Periodic Performance Review is a key feature of the Shared Visions - New Pathways survey process. It is a self-assessment of the health care organization's compliance with each of the standards in the Joint Commission accreditation manual. It is based upon a thorough review of each element of performance (EP) (formerly intent statements) and its associated documentation. Each EP is classified into one of three categories, A, B, and C, and each category has defined rules for scoring, based on a combination of compliance and track record issues. Fully compliant EPs will be scored at 2, partially compliant EPs or those with track records of 6-11 months will be scored at 1, and non-compliant EPs or those with less than 6 months of documentation will be scored as 0.

Once each EP has been scored, the number of EPs scored at 2, 1, and 0 for each standard are counted. If 65% or more of the EPs for a given standard are scored at 2, and no EPs are scored at 0, the standard as a whole is in compliance. If there are less than 65% 2's and/or even one 0, the standard is non-compliant.

It is those standards that have been evaluated as non-compliant that must be included on a Plan of Action. In many respects, the Plan of Action is similar to the Statement of Conditions™. It identifies those areas of non-compliance and develops a plan to correct the problems. If non-compliant standards are listed on a Plan of Action, they will not be scored in the event of a random unannounced survey. But there are differences too. Unlike the SOC, which is considered by JCAHO to be a "living" document and should be updated as often as necessary, the Plan of Action is done only once at the midpoint of the survey cycle. In addition, it is expected that non-compliant standards will be corrected and brought into compliance by the time of the triennial survey. Doing the PPR at the mid-cycle point allows for the corrections to take place and still achieve a 12-month track record prior to the on-site survey.

The Plan of Action will be submitted to and reviewed by JCAHO, and there will be a conference call between appropriate staff members in the health care organization and the JCAHO office to review the document and ask and answer questions. This process will not change the organization's current accreditation status. Three optional approaches are available for organizations that have legal concerns regarding discoverability of the PPR. These options will be granted on an exception basis only, and the organization must have sound reasons for requesting them, usually based on concerns about the legal discoverability of information.

The second part of the Shared Visions - New Pathways process is the on-site survey. The survey activities will differ markedly from the surveys of the past. First of all, the surveyors will not be doing a thorough assessment of each and every standard, nor will they be doing an exhaustive document review. The concept is that the health care organizations have done that themselves using the PPR process. Instead, the surveyors will look at specified issues within the organization using a "Priority Focus Process."

(To Codes Page 2)
Open Patient Records Will Be Used to Carry Out Tracer Methodology

Based on data collection prior to the time of survey, JCAHO will determine key areas that are specific to the organization being surveyed, its patient population, and services offered. In addition, there will be a review of key issues related to patient safety and quality, which potentially includes a variety of Environment of Care issues. Patient safety and emergency management will be discussed in every organization.

Surveyors will select open patient records in each surveyed organization to carry out their “Tracer Methodology.” This process will involve the surveyors following each tracer patient through the system, from the point of entry through their location on the date of survey. This patient-focused process will involve assessment of a variety of standards as each tracer patient encounters various departments and services within the organization. Environment of Care® standards are certainly candidates for assessment using this process. For example, a surveyor could ask about security during a visit to the emergency department, utilities could be questioned in the OR, and medical equipment could be queried on a nursing unit.

Other areas of assessment for EC include the review of three documents:

- Statement of Conditions
- Annual evaluation of the seven EC management plans
- Minutes of the Safety (or Environment of Care) Committee.

There will also be an EC functional interview, which will be a discussion session between a surveyor and key staff members with functions related to the Environment of Care. Issues addressed within this session will include all seven of the EC management areas, but also issues related to construction. Undoubtedly the pre-construction (or infection control) risk assessment will be a topic of conversation. If any problematic issues are identified during this session, they may be used as an “EC Tracer,” whereby the surveyor will dig more deeply into a particular EC process. Even if there are no problem areas identified in EC, a specific tracer is expected to further assess this important area.

A Life Safety Code® building tour will also be conducted by a surveyor. This will be much more limited in scope than the building tour we have experienced under the previous survey process. Key features of fire protection will be spot-checked, including penetrations in fire walls and smoke barriers, exiting, and chutes.

Again, surveys before July 15, 2005 will only see the triennial survey portion described above during this accreditation cycle. Those surveys after that date will be among the first to complete the full PPR.

Susan McLaughlin can be reached by e-mail, sbmconsult@amentech.net, or by phone, (847) 420-3229.

Periodic Performance Review Offers Three Options, but Means Serious Business for Accredited Organizations

Compiled by
Robert J. Thompson, PE, CHSM, FPE
The Thompson Group
Fire, Life, and Safety Consulting
Boxford, MA, NEHES Liaison for JCAHO

From Perspectives, Special Report article, “Periodic Performance Review Key to Continuous Provision of High-Quality Care,” January 2004, pages 7-10.

(Editor's note: Due to legal issues within your own organization, you might find that the PPR will not be applied exactly as you expect. Therefore, check with your hospital's coordinators to confirm which PPR process your accredited organization has decided on, then determine when your current accreditation cycle ends. If it is after July 1, 2005, especially within 15 months after that date, you may need to get very busy now and your accreditation may be at risk.)

The Periodic Performance Review (PPR) is critical to Shared Visions - New Pathways and to achieving continuous standards compliance in the delivery of safe high-quality care. Many of you will be glad to learn that the new Periodic Performance Review (PPR) process is not a "one way fits all" process. In fact, there are four ways to meet the requirement: the full PPR, PPR option 1, PPR option 2, or PPR option 3.

All these options take place at the midpoint in the accredited organization's (AO) cycle (18 months after the previous triennial survey). Before the 15-month point in the cycle, JCAHO will notify the AO that it must let JCAHO know, before the 18-month point, which method the AO intends to participate in at the next survey. During the three-month period prior to this pre-midpoint decision, the AO must discuss and make its choice and advise JCAHO of which approach they choose.

It is essential that the AO be aware that they should not enter any data into the PPR online system prior to their decision, since that data technically will be accessible to JCAHO whether or not the full PPR is selected, even though JCAHO doesn't intend to use it if a PPR option is selected.


(To Codes Page 3)
A Review of the Full PPR Process and Options 1, 2, and 3

(From Codes Page 2)

and several other aspects of the Shared Visions – New Pathways.

Full PPR Process

Under the full PPR process, an AO must perform an in-house standards compliance review at the 18-month point in the accreditation cycle using JCAHO’s automated tool to access the PPR tool in JCAHO’s access-protected extranet site. This site can be used by the AO to formulate their plans of action and can be used to identify measures by which to evaluate action plans for compliance. A User Guide is available as part of the PPR tool.

The PPR tool will be tailored to those facility programs, which JCAHO accredits. At approximately 15 months following the triennial survey, JCAHO will e-mail an AO to advise that it can access the PPR site. The AO should access the PPR site within 10 days of this notice, but if it has not done so within 30 days of that date, a JCAHO representative will contact the facility to provide assistance or answer questions.

For each standard which, through the PPR process, is found to be not compliant, the AO must formulate an action plan addressing each Element of Performance (EP) that scores partial or insufficient compliance. The plan should describe how the deficiency will be corrected and how the corrective action will be measured for compliance. References in the PPR tool give rationale for the standards to aid the AO in evaluating their level of compliance and developing action plans.

Review Process

Once the evaluation and action plans are complete, the AO is to submit them to JCAHO electronically by the 18-month mid-point due date. Within a few days, a Standards Interpretations Group (SIG) scheduler will contact the AO to establish an appointment for a call to review all non-compliant standards. Most of the appointments will occur within 30 days. The AO should appoint two persons to speak for the AO and allow up to four hours for the conference. Others may be present, but only the two designees should speak at a time. The only requirement is that those speaking be knowledgeable about the subject addressed. Before the call, the SIG staff will review the PPR, action plan, and any previous survey recommendations. No special preparation is required of the AO personnel except to have a copy of the PPR report at hand.

During the conference call, the SIG member will go over each standard indicated to be noncompliant, as well as the action plan. He will also make note on the plan of any standards actually in compliance and incorrectly noted as noncompliant. Based upon discussion, the SIG member will give official approval of the plans, which surveyors may not challenge for design. During the call, SIG staff members will also instruct the organization on JCAHO’s new scoring guidelines. Following the call, the SIG representative will post the PPR, as well as the suggestions and changes from the review, on the AO’s section of the extranet for reference/review by the surveyor.

The principal benefits of choosing the full PPR will include:

1. Organization-specific guidance from the SIG staff on compliance issues.
2. Immunity from overruling of the makeup of the approved plans during the on-site survey because of the pre-approval by the SIG.

The surveyor will review plan implementation and the effectiveness of outcomes, however.

PPR Option 1

PPR Option 1 (PPRO1) still requires that the organization demonstrates that it has carried out assessment of compliance with standards. They must also develop action plans and measures of success (MOS). They will not be required to submit their PPR to JCAHO. They will not be able to use the extranet assessment tool because that would give access to the information by JCAHO, contrary to the purpose of choosing this option for legal reasons. The ability to print the standards and EPs from the PPR tool will help the AO to perform its own assessment.

If an AO chooses PPRO1, it must affirm that it:

1. Has self-assessed compliance with all the relevant standards,
2. Has developed plans of action for all areas of standards noncompliance,
3. Has established MOS for all such requirements, and
4. For substantive reasons and after careful consideration with legal counsel, has decided not to participate in the full PPR process.

The AO using PPRO1 is not required to participate in a SIG conference call, although it may submit questions for discussion without revealing its own level of compliance. In the absence of a submission of questions, the SIG will not schedule a call. During the on-site survey, the surveyors will review MOS.

PPR Option 2

PPR Option 2 (PPRO2) provides for scheduling an on-site survey by JCAHO at the 18-month mid-point in place of any self-assessment activities by the AO. An AO choosing this option will be required to submit a plan of action for instances of standards noncompliance within 30 days of survey. As with PPRO1, an AO choosing PPRO2 must affirm that it has, for substantive reasons, received legal advice not to participate in the full PPR process. This survey will last about one third of the time normal for a triennial survey and usually will be conducted by a single surveyor, primarily using the tracer methodology. The scope will be limited and will address organization-specific issues based on its Priority Focus Process. After the plans of action are received, JCAHO will schedule a conference call with SIG staff. During this conference call, the appropriateness of the plans and the

(To Codes Page 6)
By Gene Cable, PE, FPE  
Regional Safety & Fire Protection Engineer  
Department of Veterans Affairs  
Albany, NY, NEHES Liaison to NFPA

The Federal Register of January 10, 2003 made it official: Department of Health and Human Services, Centers for Medicare and Medicaid Services (CMS), adopted the NFPA 101 Life Safety Code (LSC), 2000 Edition. The new inspection form, "Fire Safety Survey Report 2000 Code," will be used by state or federal officials when conducting a CMS inspection of your facilities. This inspection checklist, known as the "K list," has been forwarded to your NEHES Board of Directors/Chapter Representatives. You may obtain a copy from them or any NEHES Board member.

Certainly the entire list is a valuable reference as yet another Life Safety Code compliance checklist, but there are three "K-items" within the list that deserve your special attention.

K160 (and K161 and K162) deal with ASME A17.3 compliance for new and existing elevators. Even though these Code requirements date back to the 1985 Life Safety Code, for some reason elevators were NOT included within the prior HCFA Fire Safety Inspector's checklist. They are included now and the required features are rather expensive. Also important, the JCAHO Statement of Conditions Part 3-Life Safety Assessment checklist remains mute on the elevator subject. This means that all prior surveys conducted by HCFA and JCAHO most likely missed this issue -- which, by the way, illustrates one serious problem with depending on checklists.

According to the NFPA 2000 Life Safety Code Handbook, page 283, elevators not in compliance with these features present "an extreme hazard." The Code provisions relate to elevator controls and firefighter's service phase I and automatic recall phase II. Elevator lobby smoke detectors must interface with automatic elevator recall and the building fire alarm system. Any new elevators will have these features. It is the existing elevators installed prior to 1985 that may not, particularly within buildings less than "high-rise." See Life Safety Code, 2000 Edition, Section 9.4 for details.

K74 Furnishings and decorations. This pertains to "newly introduced" upholstered furniture and mattresses. Again, even though these requirements date back to the 1997 Life Safety Code for new and existing healthcare facilities, until now neither CMS nor JCAHO included this provision in their checklist. JCAHO Statement of Conditions Part 3-Life Safety Assessment checklist remains mute on the furniture and mattress subject.

CMS specifically states within K74 that these provisions apply to such furnishings purchased since March 2003. A recent ASH*E* Flash stated, "This is not retroactive -- it is for new purchases after March 2003." For CMS inspections that might be true -- better inform the purchasing folks without delay -- but for JCAHO I'm not so sure. Any purchases since January 1, 1998, when JCAHO began referencing the 1997 Edition, are suspect of violating the EC standards and Code. If you find newly purchased furnishings that do not meet the standards, they could be moved to a sprinkler protected area or you could utilize the JCAHO SOC Plan for Improvement process. In some cases, existing mattresses can be retrofitted with a relatively inexpensive fire protective sleeve/mattress cover.

"Newly introduced" upholstered furniture and mattresses must meet what I call "institutional" flame resistant requirements, unless the space is sprinkler protected! (This is another nice trade-up for sprinkler protection.) The City of Boston and State of California first introduced such standards in the mid-80s. The applicable Life Safety Code (2000) Sections are 19.7.5.2, 19.7.5.3, 10.3.3, and 10.3.4, which require the manufacturer to perform a full-scale fire test, and the item must pass heat release rate test criteria. Upholstered furniture passing the California Technical Bulletin 133 test (or equivalent) and mattresses passing California Technical Bulletin 121 or 129 test (or equivalent) would be acceptable. Whereas most furniture and mattress manufacturers voluntarily meet the standards for cigarette resistance (essentially a cigarette smoldering test and 1 inch high flame test such as California TB 117), these products provide virtually no flame resistance. The California TB 129 test applies a 2-foot-high flame on or against the mattress, originally intended to simulate a trash can or paper bag fire.

K18 roller latches. All roller latches are prohibited after March 2006 for CMS and JCAHO "deemed status" accredited facilities. There is recent clarification that the CMS rule applies to sprinkler protected facilities as well as non-sprinklered. But, note that the Life Safety Code clearly allows properly maintained roller latches in sprinklered facilities (section 19.3.6.3.2). So JCAHO will continue to allow roller latches in accredited sprinklered facilities if CMS is not involved, such as at federal facilities.

Another clarification: CMS intent is to prohibit roller latches on room doors opening into corridors. Roller latches can remain in use at other locations, such as a room door within a room, closets, or for fire hose cabinets.

It is good that CMS and JCAHO have adopted the same Edition Life Safety Code. We will simply have to continue fine tuning the results and keep you informed.
Gene Cable, the NEHES Liaison to NFPA, Brings Three Important Advocacy Issues to the Attention of NEHES Members for Appropriate Actions

NEHES Advocacy Issue #03-1: Proposed Code Change to NFPA 99, Electrical Requirements for Ambulatory Health Care

The NEHES Board of Directors, with special effort by Joe Mona and Bob Loranger, submitted a Code change proposal signed by 2003 NEHES President Mark English to NFPA 99. Dale Woodin (ASHE) and the ASHE representative on NFPA 99, Ronald Smidt, PE (Carolina Healthcare System), have been contacted for assistance and we will hear from Mr. Woodin on this issue at the NEHES Spring Seminar March 26 in Leominster, MA (see article on Page 1).

The issue is: unreasonable (in our opinion) electrical system requirements for Ambulatory Health Care occupancies. The definitions of “other health care facilities” are confused among Codes NFPA 101, NFPA 99, and NFPA 70; there is confusion concerning the application of NFPA 99 and NFPA 70 new installation requirements to existing systems, and newly installed electrical distribution system requirements for Ambulatory Health Care are identical to requirements for hospitals (as of NFPA 99 2002 Edition).

We wanted to re-ignite the debate of reasonable cost versus risk. In order to at least place the issue before the NFPA 99 Technical Committee, a Code change proposal was submitted by NEHES as follows:

Delete Section 14.3.4.1 (Which says, “Electrical Distribution System. For ambulatory health care centers, the electrical distribution system for patient care areas shall conform to the requirements in Chapter 4, electrical systems.”)

Substantiation: This is an onerous requirement, particularly in our experiences where AHJ’s have required upgrade of existing systems back to the source when renovating a small area. Ambulatory Health Care should not have to meet the same requirements as for Hospitals since the frequency of exposure is much less than in a 24-hour facility.

The NFPA 99 Technical Committee met recently and REJECTED this Code change proposal with the Committee statement that Electrical requirements are correct and addressed for surgical patients’ needs. This is consistent with Ambulatory Health Care definitions in NFPA 101.

Next step is to strategize with Dale Woodin, Ron Smidt, and Doug Erickson as to whether or not to proceed with the Code change effort and if so, how. For example, should our efforts be refocused on providing some relief for existing systems upgrade? There are two additional opportunities to persuade the Committee, one where comments are due by April 2 and then at the NFPA conference November 13-17, 2004.

NEHES Advocacy Issue #04-1: Proposed Code Change to NFPA 90A, Fire Damper Maintenance Requirements

Don Rivers of Mercy Hospital, Springfield, MA, has submitted a Code change proposal on behalf of the Western Massachusetts Society of Healthcare Engineers.

NFPA 90A, Section 5.4.7 (Add a new section): “7.4.7.1 For existing installations, where fire dampers are inaccessible, the maintenance requirements may be delayed until renovation work resolves the condition. Not more than 10% of the fire dampers in any one vertical shaft may be exempted from the required maintenance under this provision.”

Substantiation: “This section requiring fire damper maintenance every four years is relatively new. Typically some fire dampers are totally inaccessible due to original improper installation or inaccessibility due to subsequent utility installations. Ripping out utilities and re-routing HVAC systems in order to access a fire damper is, in our opinion, impractical. Some AHJ’s, such as JCAHO, have allowed inaccessible fire dampers to remain without maintenance until a renovation project in the area can correct the situation. This proposal would allow some relief from the current absolute requirement for fire damper maintenance.”

The NFPA 90A Technical Committee meets to consider proposals in February. Mr. Phil Jose, Veterans Affairs Regional Safety and Fire Protection Engineer, along with Doug Erickson as his alternate, represent ASHE and will be attending the meeting. This proposal, if accepted in any form as Code language, will be helpful to our membership when working with AHJ’s other than the JCAHO. The NEHES membership knows the reality of inaccessible fire dampers, but will the Committee buy the idea that required fire dampers, no matter how few, can be left inaccessible and non-maintained?

The three Advocacy articles on Codes Pages 5 and 6 were written by Gene Cable, PE, FPE Regional Safety & Fire Protection Engineer Department of Veterans Affairs Albany, NY, NEHES Liaison to NFPA
After the recent series of multiple fatality fires, several NFPA Life Safety Code Technical Committees have voted to require retrofit sprinkler protection.

Specific to Health Care Occupancies, the Health Care Committee met in February 2004 and ACCEPTED a Code change proposal which will require that all existing nursing homes be fully sprinkler protected. AND, if a nursing home or long term care facility is located within your hospital building, possibly the entire hospital will have to be sprinkler protected. Here is the language accepted at this first stage in the Code change process. Unless altered during stage two and stage three of the process, this language would go into the 2006 Life Safety Code. Additionally, indications are that CMS would propose adopting the 2006 Code without delay should retrofit sprinklers become Code.

Insert the following:
"19.3.5.1.2 Buildings containing nursing homes shall be protected throughout by an approved, supervised automatic sprinkler system in accordance with Section 9.7, unless otherwise permitted by Section 19.3.5.2" (Section 19.3.5.2 pertains to the very rare exception where an AHJ has prohibited sprinklers in a particular room.)

The Committee rejected a very similar proposal requiring retrofit sprinkler protection for ALL existing health care occupancies. The Committee cited higher staffing levels within hospitals as providing additional fire life safety; therefore, the cost for sprinkler protection was not justified. Undoubtedly your NEHES Board of Directors will be actively advocating for your position on this important issue or encouraging you to respond individually.

Watch for notices and requests for your vote.

Precautionary Notes: PPR Process is a Very Important Part of Shared Visions-New Pathways

(From Codes Page 3)

MOS will be discussed, for approval as is or as amended.

As with the full PPR and PPR01, there will be coverage of the MOS by JCAHO during the triennial survey. There will be fees charged for this survey.

PPR Option 3

PPR Option 3 (PPR03) also provides for a mid-cycle on-site survey by JCAHO. In contrast, the surveyor findings will be conveyed orally to the AO staff at the end of the survey; the surveyor will not leave a written report.

For organizations selecting PPR03, surveyors of the triennial full surveys will have the results of the mid-cycle assessment, but they will not address the fact that any specific standards were found out of compliance during the earlier (mid-cycle) survey unless requested to do so by the AO.

Surveyors instead will concentrate their efforts on compliance with all standards, including those that were out of compliance during the mid-cycle evaluation. There will be fees charged for the PPR03 survey.

Precautionary Notes

Under the four PPR approaches, an organization failing to submit within 30 days its choice among the optional approaches risks a change in their accreditation status to Provisional Accreditation.

A delay in excess of 60 days may lead to Conditional Accreditation, and failure to notify JCAHO within 90 days may result in a recommendation for Denial of Accreditation to the Accreditation Committee.

Thus, the PPR process is viewed as a very important component of Shared Visions – New Pathways as an Accreditation Participation Requirement.

In the event the surveyors of facilities which have chosen PPR02 and PPR03 find any serious threats to the lives or health of patients, JCAHO will take immediate action and invoke its Immediate Threat to Life policy.

"My advice is to keep your eyes and ears posted to our JCAHO web site and Perspectives periodical for any updates, revisions, or more options."

....Dean Samet, CHSP, CJCS, Associate Director/Senior Engineer in the Department of Accreditation Operation at JCAHO

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