Spring Seminar Will Offer Three Education Tracks March 23, 2007

By Dave Dagenais, CHFM, CHSP
Plant Operations Manager/Safety Officer Wentworth-Douglass Hospital Dover, NH, 2007 Spring Seminar Chair

The Spring Seminar Planning Committee has been working diligently to develop the educational program and work out the logistics of the 2007 NEHES Spring Conference. Hosted by the New Hampshire Society for Healthcare Engineers and scheduled for March 23, 2007, the seminar will be held at the Sheraton Four Points Hotel and Conference Center, located at the junction of Routes 2 and 12 in Leoniminston, MA. Registration brochures have been mailed to over 750 individuals in the New England region. This seminar, like many such NEHES seminars in the past, provides a perfect networking opportunity for members and vendors. Coupled with an excellent educational program, it becomes an event that you do not want to miss. Vendor booths are sold out but we are still offering sponsorships for interested vendors for refreshments as well as books that we are giving away. To sign up, go to www.nehes.org and click on Vendor Registration Form at the top left of the page.

Three Educational Tracks
Track 1: This year's educational format consists of three sequential tracks starting with ASHRAE 170P led by Richard D. Hermans, P.E., the Senior Project Manager at the Center for Energy and Environment in Minneapolis, Minnesota. This session will focus on ASHRAE updates and ventilation requirements as they pertain to healthcare facilities specifically.

Track 2: Tracy Buchman, Safety Director at the University of Wisconsin Hospital and Clinics, will lead a discussion on HEICS 4. Tracy is serving on the National HEICS IV Project Working Group. As part of a Department of Homeland Security grant, she will be joining the American College of Emergency Physicians as an emergency preparedness site reviewer to conduct an all hazards assessment of select communities' hospital emergency preparedness plans and capabilities. This presentation will focus on the updates to the EICS plan and target specifically where the typical healthcare engineer falls into the roles and responsibilities.

Track 3: Mark Hibbert, Senior Electrical Inspector for the State of New Hampshire, will review NFPA 70E standards for electrical safety in the workplace. He has been the Chief Electrical Inspector for the State of New Hampshire since 2001, an electrical inspector since 1993, and Certified Electrical Inspector in all 3 categories. He is a Past President of the International Association of Electrical Inspectors' Eastern Section. Mark sits on NEC Code Making Panel 4 and he is a principal member of the Technical Committee for NFPA 79, Electrical Equipment of Industrial Machinery. He instructs code courses for the State of New Hampshire and is an international presenter for NFPA.

The American Hospital Association (AHA), through ASHE, has granted .50 continuing education units (CEU's) for this seminar, the equivalent of 5.5 contact hours. These credits can be applied toward the 4.5 CEU's or 45 contact hours necessary for renewal of CHFM certification every three years.

Registration, continental breakfast, and vendors networking begin at 7:30 am. There will be half-hour breaks throughout the day and lunch will be served from noon to 1:00 pm. During these interludes you will have the opportunity to meet several reputable and loyal vendor partners interested in providing products and services to your facility.

Please visit their booths—they are vital to the success of our educational efforts. Please contact the following members of the Spring Seminar Planning Committee with questions:

Vendor Registration - Dave Dagenais, CHFM, CHSP; mtad@wdhospital.com, (603)740-2474
Educational Program - Steve Cutter, CHFM; Steven.D.Cutter@hitchcock.org, (603)650-7148
Member Registration - Phil Chaput; Phil.A.Chaput@hitchcock.org, (603)650-8457
President’s Message

By Kevin Keating
Director of General Services
Shriners Hospitals for Children/Boston Burns
Boston, MA, 2007 NEHES President

Greetings! I hope everyone is having a great new year. We are certainly off to a good start with our snow removal budgets. In Boston we have only had a total of one inch of snow in the entire month of January. Hopefully it won’t be long before we are back out on the golf course.

The NEHES Board of Directors has been very busy working on several new initiatives that were introduced as ideas at our Fall Planning Retreat. Several new draft documents were distributed for review and comment at the January BOD meeting. We are currently looking at a proposal to provide scholarships to Active NEHES members who are interested in continuing their education on a college level degree path in the field of Healthcare Facilities Management. Please contact your state chapter representative if you would like to submit any comments to the BOD.

The BOD is also working on developing a new guideline that would allow the Board to provide financial assistance to active members to help defray the cost of taking the CHFM exam. To be eligible for financial assistance you would have to successfully pass the CHFM exam and demonstrate that there was no other source of financial assistance. As soon as the guidelines are developed and approved, all Active NEHES members will be notified.

Speaking of guidelines, new draft guidelines for advertising with NEHES in our quarterly newsletter and on our website were distributed to the Board in January. I’m hoping to get the final version of the guidelines approved by the end of March. If you know of anyone who is interested in advertising in our newsletter or on our website, please have them contact our Newsletter Editor/Website Manager, Don Garrison, dgarrison@fchn.org

ASHE Chapter Levels of Affiliation Program – Going for the Platinum
This awards program acknowledges chapter accomplishments and rewards chapters for being full-fledged partners with ASHE in achieving its mission and goals. For the past eight years NEHES has achieved the “Gold” level of affiliation which has been the highest level of achievement. This year we will be applying for the newest and highest level of affiliation with ASHE, the “Platinum” level. This award is for achievements and accomplishments by NEHES in 2006.

ASHE Regional Leader and Crystal Eagle Awards Nominees
Following the February BOD meeting the NEHES officers met to discuss nominations for both the Crystal Eagle and Regional Leader awards. Crystal Eagle is ASHE’s most prominent award. The award acknowledges an ASHE member for their tremendous contributions and their endless dedication to ASHE and the healthcare engineering and facilities management industry. I am pleased to announce that the NEHES/ASHE member nominated for the 2007 Crystal Eagle Award is Steve Cutter, CHFM, from the Dartmouth Hitchcock Medical Center in Lebanon, NH. Congratulations to Steve.

The Regional Leader award recognizes one ASHE member from each region for their exemplary leadership skills and who has demonstrated a commitment to the field of healthcare facilities management through their involvement with ASHE. I am pleased to announce that the NEHES/ASHE member nominated for the 2007 Regional Leader award is Dave Dagenais from the Wentworth Douglas Hospital in Dover, NH. Congratulations to Dave.

Lastly, I want to thank Debbie Sullivan for sending the Board a box of goodies and a holiday greeting card that read, “Thank you all very much for your support and your business, best wishes in the New Year.” As you well know, we are extremely fortunate to have Debbie as our Newsletter Publisher. Please don’t miss a chance to thank her for all she does.

President-Elect’s Message

By Fred Leffingwell, CHFM
Director, Facilities Planning and Management
Lawrence & Memorial Hospital
New London, CT, 2007 NEHES President-Elect

As with my past roles in the NEHES organization, look forward to serving the members in my new role as President-Elect. Serving as Secretary over the past two years has provided me with a good working knowledge of the organization and prepared me for these new responsibilities.

I encourage all members to take part in and participate on the Board of Directors, write articles for the newsletters, or help with the conferences. Over the years, by participating in each of these areas, I have found them to be rewarding experiences that have, overall, helped with my professional career.

For those members who have not yet obtained their CHFM certification, I encourage you to take the test. From my experience I found this was not the type of exam you necessarily needed to prepare for. For the most part, it covers a broad range of topics that we all deal with in our day-to-day operations and that we already know the answers to.

Finally, I would like to congratulate Kevin Keating in his new role as President and thank Ron Vachon, SASHE, for all the work he did as President last year. Ron served as both NEHES President and ASHE Region 1 Director last year, which must have been more than demanding.

I look forward to providing Kevin with my support and assistance throughout the upcoming year. I am sure from Kevin’s letter to the members you can see that this will be another very busy year for us.

Next NEHES Newsletter Deadlines

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<th>Deadline</th>
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<tr>
<td>By May 12, 2007</td>
<td>Stories and story ideas should be sent to Debbie Sullivan</td>
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<tr>
<td>By May 30, 2007</td>
<td>Newsletter to be mailed</td>
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Ideas for stories should be submitted to debbiesull@ncrr.com or dgarrison@fchn.org Thank you very much for your support of The NEHES Newsletter.
Take Part in Selecting the 2006 NEHES Engineer of the Year

By Joe Mona
Director of Facility Systems
Lawrence General Hospital
Lawrence, MA, 2005 NEHES Engineer of the Year, Chair, 2006 Engineer-of-the-Year Committee

It is time again to begin the process of nominating a deserving individual for the New England Healthcare Engineer-of-the-Year award. This is typically given to an active member in recognition for their contributions beyond the normal duty.

The origin of this award dates from 1996. This award will go to the 10th recipient of what is arguably the most significant form of recognition the Society can bestow upon any of its active members.

This award is granted for contributions to the Society, but even more, it is a tribute to the profession. It is given to those who have worked on Advocacy and Education issues as well as taken on leadership roles and made a great impact on the industry for the 2006 calendar year. Many efforts save monies, improve processes, and provide for a safer healthcare industry. NEHES, a formidable chapter of ASHE, is committed to promoting these accomplishments. With so many deserving candidates out there, we find it difficult to choose among them, and your assistance is needed.

The election process for 2006 Engineer of the Year begins with the solicitation of nominations from New England healthcare facility managers, supporting and honorary members, consulting engineers, architects, contractors, and healthcare associates through this newsletter. All identified candidates will receive a questionnaire to provide more in-depth information about them. Their answers to these questions will be published in the Q2 NEHES Newsletter. A fax-back ballot will also be included in the Q2 newsletter, for all to vote for the candidate of their choice.

A fax-back nomination form as well as a list of suggested criteria for nominating candidates are included in this newsletter. The Board will confirm the candidate selection at its September meeting. The successful candidate will be announced at the Annual Banquet during Fall Conference September 30-October 3, 2007 at the Holiday Inn by the Bay in Portland, ME.

You know there are many, many deserving candidates. Please take a moment to fill out the nomination and fax it back to me at (978) 946-8053. Whereas we have many members who have contributed significantly to the profession over the course of their careers, this annual award is based primarily on the highest level of contribution and accomplishment. This is a great honor and an acknowledgement of efforts! Be sure to nominate a candidate!

From Connecticut
Michael Cimadon
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mccimadon@pcsystems.com

Jeff Dollar
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Windsor, CT 06095
(860)731-4715
Jeffrey.Dollar@JCI.com

From Massachusetts
John Davis
Maintenance/Engineering Supervisor
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Peabody, MA 01960
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Jdadvis@ericksonmail.com

From Kentucky
Craig Rutledge
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4123 Daceo Way
Louisville, KY 40241
(888)675-4519
Craig@lifesafetyservices.com

From Maine
Jeffrey Thomas
Director of Facilities Management
Athol Memorial Hospital
2033 Main St.
Athol, MA 01331
(978)249-1127
drantala@atholhospital.org

Steve Quieto
Plumbing/Fire Protection
From New Hampshire
Chris Caisey
Sales Representative/Territory Manager
The Garland Company
15 Playhouse Circle
Hampton, NH 03824
(603)498-6840
ccaisey@garlandind.com

Chapter Reports

Connecticut Healthcare Engineers Society
- Engineers Meeting
The CHES Executive Board held its 2006 annual meeting at the Yankee Gas facility in Waterbury. The meeting started with breakfast and a tour of the Yankee Gas liquefied natural gas storage facility in Waterbury, CT. A lunch at the Marriott, hosted by Sprague Energy, followed. The president's report noted that CHES has been incorporated and is now acting by the bylaws that had been previously distributed. Further discussion on the 2008 NEHES Fall Conference that Connecticut is sponsoring took place. The date has been set for October 7-10, 2008. Steve Jalowiec made special mention of the fact that the 2008 conference will be held during NEHES' 50th anniversary and we would like to make this a special celebration. Further discussion asked for assistance in various categories and names were given for people interested in helping to contact. It was also decided not to collect annual dues for 2007. Officers for 2007-2008 are: Steve Jalowiec, P.E. - President, Ron Hussey, CHFM - Vice President, Paul Toburen - Treasurer, Keith Giannone - Secretary.

Steve thanked Fred Leffingwell, CHFM, for all of his efforts in reviving CHES and the attendees applauded his efforts.
- NEHES Fall 2008 Planning
Open items discussed included the need for an Education Chair, registration gifts, scholarships, mailings, and Registration Chairs. Possible chairs were mentioned.

From Rhode Island
Anthony Dematteo
Vice President
Dimco Construction Co.
75 Chapman St.
Providence, RI 02905
(401)781-9800
adematteo@dimco.com
Chapter Reports

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and will be discussed further at the January meeting. The NEHES 50th Anniversary Celebration was also reviewed with mention of a special banquet, fireworks, etc. The next CHES meeting will be held at Griffin Hospital on January 19 and further 2008 conference planning discussions will take place then. Submitted by Ron Hussey, CHFM, Connecticut Representative to NEHES, rhussey@bristolhospital.org

New Hampshire Society of Healthcare Engineers

The New Hampshire Society of Healthcare Engineers held its annual meeting on December 7, 2006 at the Centennial Inn and offered all members complimentary breakfast and lunch. The election of officers was conducted, the meeting schedule for 2007 was established, goals and objectives were reviewed and updated, membership dues for 2007 were established, and extensive planning of the 2007 Spring Seminar was conducted.

The 2007 officers are:
President-Dave Dagenais, CHFM, CHSP
Vice President Todd French
Secretary/Treasurer-Chris Bergeron
State Rep to NEHES-Dave Dagenais, CHFM, CHSP
Alternate Rep to NEHES-Steve Shaw

Goals and objectives for 2007 are as follows:

- Increase membership - We have established a payback incentive program that dovetails with the NEHES membership incentive program.
- Give back more to the membership - We have reduced membership dues and will continue sponsorship programs.
- Consistent quality education - We have established based on a Needs Assessment performed by our membership.

We continue to work extensively on the Spring Conference. The chairs and committees are as follows:

Vendors: Chair, Dave Dagenais, CHFM, CHSP; Committee, Chris Bergeron, Harry Tibbits, Tom Humphrey
Registration and Mailing: Chair, Phil Chaput; Committee, Bruce Brown, Steve Shaw
Education: Chair, Steve Cutter, CHFM; Committee, Mike Durkin, Dave Dagenais, CHFM, CHSP

Future meeting dates are:
March 9, 2007
March 22-23, 2007 (Spring Seminar)
April 13, 2007
May 11, 2007
June 8, 2007
July 13, 2007
August 10, 2007
September 14, 2007
September 30, 2007 (Fall Conference)
October 12, 2007
November 9, 2007
December 14, 2007

Submitted by David Dagenais, CHFM, CHSP, New Hampshire Representative to NEHES, mtad@wdhospital.com

Vermont Healthcare Engineers Society

The Vermont Healthcare Engineers Society held its regular scheduled meeting on Friday, January 12, 2007 at Gifford Medical Center in Randolph.

The educational component of our meeting consisted of two presentations. The first was a joint presentation by Susan Coleman-Smith from Efficiency Vermont and Terry Rainville-Scott from Central Vermont Public Service Corporation. Susan and Terry discussed programs and opportunities that their organizations are involved in that are designed to help us better understand ways to manage utilities and conserve resources. The presentation covered a wide range of incentive programs and suggested ways that their organizations are willing to aid us to these ends. Good interaction between our members and the presenters demonstrated a sincere desire and willingness to work together to achieve our mutual goals. Both Terry and Susan expressed a willingness and desire to schedule time with anyone wishing to develop better resource/utility management programs.

The second presentation was by Phil Bresnihan of Control Technologies. Phil’s presentation looked at the mechanical side of the resource/utility conservation picture. We looked at several concepts and proven means of equipment/device control that work toward energy conservation. Phil’s demonstration of DDC technology and its flexibility for application to equipment and utilities, across the board, suggests a level of control that, until recently, was unmatched with conventional mechanical and pneumatic control.

Our educational session was followed by lunch and our business meeting. Chapter President Mark Blanchard, CHFM, reported that our chapter is well, that our new website continues to grow, and that NEHES has awarded us a $500.00 grant to aid us in the development of the website. Mark announced the assignment of responsibility for membership to the Vice President. With that assignment goes the task of management and development of same. Mark reminded members of the upcoming NEHES Spring Seminar in Leominster, MA on Friday, March 23. Members were informed of NEHES plans/goals developed during the retreat in Maine this past November. Made obvious during that retreat was that this year promises to be productive, rewarding, and informative under the leadership of NEHES President Kevin Keating. Under Kevin’s leadership, the NEHES Board seems focused, tasked, and willing to work to make this at least as successful as the one we just experienced under the guidance of Past President Ron Vachon, SASHE.

Our meeting concluded with a guided tour of Gifford Medical Center by Theron Manning. We were treated to a complete tour of what is, without challenge, one of the best-maintained, neatest, and well thought out healthcare facilities you could imagine. Theron and his staff have set, and continue to set, the standard for what we all strive for our facilities. Well done, group!!! Our next meeting is scheduled for Friday, March 9, 2007, at Springfield Hospital, where host Mark Blanchard, CHFM, has arranged for an educational component on Integrated Security Systems.

Submitted by R. Brian Sallisky, CHFM, VHES

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<th>Important NEHES and ASHE Dates</th>
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<tr>
<td>March 23, 2007</td>
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<tr>
<td>NEHES 2007 Spring Seminar</td>
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<td>Four Points by Sheraton, Leominster, MA</td>
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<td>Organizers: New Hampshire Society of Healthcare Engineers</td>
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<th>Important ASHE Dates</th>
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<tr>
<td>July 8-11, 2007</td>
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<td>ASHE 44th Annual Conference &amp; Technical Exhibition, New Orleans</td>
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<tr>
<td>September 30-October 3, 2007</td>
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<tr>
<td>NEHES 2007 Fall Conference</td>
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<td>Holiday Inn by the Bay, Portland, ME</td>
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<td>Organizers: Maine Healthcare Engineers Society</td>
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For additional ASHE educational opportunities, go to www.ashe.org, click on the RESOURCES tab at the top of the home page, scroll down to Engineering/HealthCare Related Organizations, click on ASHE, and on the ASHE website, click on Calendar at the top of the home page.
Join ASHE and Get FREE NEHES Membership!
To encourage Active (non-Supporting) NEHES members to also become members of ASHE and vice versa, the NEHES Board of Directors has voted to:

- Waive the $25 annual NEHES membership fee for one year, beginning with dues renewals due in January 2007, for all Active members of ASHE who are also now NEHES members. When current Active NEHES members receive their dues renewal letter, they should fill out the renewal application and return to Executive Secretary Margaret Yip along with proof of ASHE membership to have the $25 waived.

- Waive the $25 annual NEHES membership fee for one year for all Active members of ASHE who are not members of NEHES and are approved for NEHES membership. Margaret will be sending current ASHE members who are not now NEHES members a letter and membership application letting them know about the free dues.

Have You Renewed Your Dues?
Look at the label on the most recent issue of your NEHES newsletter: is it time to renew your NEHES membership? If you have misplaced your dues renewal letter, go to http://www.rehes.org/index.php?
SID=5348252&act=pub-join, print the membership application, circle "Renewal," and send your check or credit card payment along with the application/renewal form to:

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

Three NEHES Members Earn their CHFM

The newest additions to the ranks of CHFM-certified facility managers – who now number over 600 worldwide and 43 in New England – are Brian DeLong, Engineering Team Leader at Inland Hospital (Waterville, ME); Joseph E. Durkin, Regional Director of Facilities for HealthSouth Corporation (Woburn, MA), and Ronald Vachon, Senior Manager, Engineering Services, at Kent Hospital (Warwick, RI).

Joseph Durkin, CHFM, who accepted his first position in health care 30 years ago as an apprentice electrician in a 200-bed acute care hospital, is the Regional Director of Facilities for HealthSouth Corporation in Woburn, MA, supporting multiple hospital and satellite sites in several states. He is an ASHE member. The NEHES Newsletter asked Joe about his certification.

Why did you pursue CHFM certification?
Primarily, I decided to challenge myself after 30 years of "odd jobs" to test and face a measurement of my knowledge and experience. Secondly, I saw it as an opportunity to add some subtle formality to my usually informal presence.

What do you think is keeping more facility managers from pursuing this?
I procrastinated about taking the time to look into it and then about actually studying for a test for the first time in a long, long while.

How did you prepare for the exam?
I first took the on-line sample test which, as advertised, gave me a sense of my strengths and weaknesses. Then I stayed home the day before the test and did some review of reference material that I normally have in my office.

When and where did you take the exam?
I took the exam at an H&R Block office in Nashua, New Hampshire in August. I was the only one taking the test and passed even though the cooling system went into full heat mode for the last 15 minutes.

What feedback about the exam do you have for other engineers?
I found it to be all about what we do and what we deal with instinctively on a regular basis. I just had to commit a few extra subjects to memory for the test itself.

Would you advise other engineers to pursue certification?
Yes, I would and I have. I like the idea that a certificant is required to continue professional education and maintain Professional Standards of Conduct.

Brian DeLong (above, right) is Maine's newest CHFM. He received his certificate from his supervisor and fellow CHFM, Milt Dudley. Brian has been employed for over two years as Engineering Team Leader at Inland Hospital in Waterville, Maine. He has been focused on achieving this certification for several years.

He has taken advantage of every training opportunity that came his way and has been very active in the Maine Healthcare Engineers Society, having recently been elected as Vice President.

Both he and Milt earned their CHSP (Certified Healthcare Safety Professional through the Board of Certified Healthcare Safety Management) last year.

Brian says that the CHFM is his most prized achievement since it is the industry standard in healthcare facilities management recognition. He also encourages others in the field to sit for the exam.

Brian entered health care as a boiler operator in 1990 and is responsible for day-to-day operations at Inland Hospital. He is also an ASHE member.

He used his experience, attendance at educational seminars, and study materials to prepare for the exam. His advice to others who might take the exam is: "Be sure of the question before you answer and take your time."

Lack of time, he believes, is keeping other facility managers from taking the CHFM exam.

(Written by Milt Dudley, CPE, CHSP, CHFM)
CHFM - Recognition, Competency, or Condition of Employment?

By Mitch Allen, FASHE, CHFM, Jack Gosselin, FASHE, CHFM, and Robert Hacker, SASHE, CHFM, Members, ASHE Recognition Committee

Author’s note by Jack Gosselin (pictured above): We wrote this article to frame the goals of the CHFM program while serving on ASHE’s Recognition Committee. It provides an interesting perspective on the certification program and may be of interest to those NEHES members contemplating the credential.

The Certified Healthcare Facility Manager (CHFM) program was conceived by the American Hospital Association (AHA) and ASHE to achieve three specific goals: (1) Recognition, (2) Encourage professional and personal growth, and (3) Provide “a national standard of requisite knowledge required for certification, thereby assisting employers, the public, and members of the healthcare professions in the assessment of a healthcare facility manager or simpler ‘Competency.’”

Recognition - The CHFM has provided the recognition within the healthcare industry. Roughly 650 individuals have obtained their CHFM, but the number of healthcare facilities in the U.S. is roughly 6,600. If you assume each facility should have at least one CHFM (we would even suggest two for each facility), the existing CHFMs are a very elite group of healthcare facility professionals.

Encourage professional and personal growth - Let’s explore why one might want to obtain their CHFM. They might seek recognition from their peers, their current employer, or a potential employer, or they might just want to prove to themselves that they have the body of knowledge required by our profession.

Competency - The CHFM examination was developed to establish a formal national competency for the healthcare industry and the public. The healthcare industry and, more importantly, the public require nurses and physicians to be licensed. Similarly, the airline industry requires formal competency for those who maintain commercial aircraft.

The plain fact is that our society dictates (in the majority of cases) that people who have responsibility for the public health and safety be competent. These characteristics are typically demonstrated by a rigorous, tightly controlled examination of the applicant’s knowledge in their profession.

The CHFM is a tough but fair examination of overall healthcare facilities management. Not everyone who takes the examination will pass. Currently, about 35% of those who take the examination do not pass it.

Condition of Employment - The CHFM certification has achieved the three goals stated above, but what about the next step. Why isn’t the CHFM a condition of employment for Facility Directors and Facility Managers? Shouldn’t the same level of comfort that our patients have with licensed nurses or physicians extend to the facilities staff as well?

The AHA and the American Hospital Association - Certification Center (AHA-CC), along with ASHE, are aggressively marketing the CHFM to the C-Suite (CEO, COO, CFO) and to the Human Resources professionals. As they become more knowledgeable about the CHFM designation, expect them to respond by seeking individuals who have the CHFM to manage their facilities departments.

Jack Gosselin, FASHE, CHFM, is the Principal of Gosselin Associates, North Stonington, CT, and Chair, NEHES Education and Career: Development Committee.

For more information about the CHFM program, see http://www.ashe.org/ashe/membership/awards/chfm.html

Achieving “High Performance Buildings for Life”

By Jack Borgschulte
Boston, MA

As scientific advances continually improve the quality of our health care, new technologies are enabling us to better manage and maintain buildings that can enhance healthcare delivery. As a result, we have a distinct opportunity to change the paradigms used to operate and maintain buildings.

“High Performance Buildings” are facilities designed for sustainability and energy efficiency. A “high performance building,” however, can only retain that designation if its long-term operational and maintenance program sustains the high levels of performance designed into the building.

Traditional Approaches

Traditional maintenance programs feature the use of defined service tasks and a calendar or hour meters to determine frequency of service. A disconnect exists, however, between system performance as compared to original design and the frequency and diligence of maintenance. It’s because maintenance program “compliance” has been tied to whether or not tasks have been performed at certain times rather than how a system is actually operating in terms of efficiency, capacity, and performance.

New technology allows us to set standards that require systems and components to deliver and sustain “Original Design Performance” (ODP). Performance-based maintenance is service undertaken to sustain ODP at all times. Compliance is tied to how closely the design conditions for efficiency, capacity, and other requirements are met.

Categorically, there are three approaches to maintenance:

1. “Deferred Maintenance,” also known as “Reactive Maintenance,” which in simpler terms refers to the absence of a maintenance program.

   Pro: Proponents say that by spending nothing on PM and having adequate system redundancy that repairs can be made on the fly with less staff and little noticeable degradation of performance.

   Con: This short-sighted approach can be maintained only for a fraction of the expected life of the system. Generally, efficiency and performance degrade quickly, equipment life is shorter, and the cost of making repairs at or near failure is far higher than when repairs are made prior to an “event.”

(To Page 7)
The Concept of Managing Organizational Transition

By Fred Leffingwell, CHFM
Director, Facilities Planning and Management
Lawrence & Memorial Hospital
New London, CT, NEHES President-Elect

With the constant changes in health care, we are now seeing dynamic cultural change as well as changes in strategy and technology. So how do we approach these sometimes unforeseen changes which result in the reorganization and redeployment of staff?

In the past, there was little, if any, concern for the effects of these changes on the employees and for how staff would eventually make these changes work. It was simply assumed that staff would have to adjust to them. Making the cultural changes even more difficult for us is what we may have learned in the past to get us to where we are now may not apply any more.

We now realize that the psychological process that transition introduces into the work environment is more complicated than the physical change itself. Change is now coming from both outside the organization in the form of regulations and customer expectations as well as from inside the organization in the form of “empowerment” and flattening the organization’s structure. These changes have now become part of our culture.

How do we learn that part of the process of managing change and transition is to understand where you and your staff are in relation to the change — identifying whether or not you have let go of the old ways, are simply in a state of confusion trying to understand what the change means, or have embraced the change and are making it part of the new work environment?

What step-by-step process do you need to put into place to foster this transition or change? To get started, we need to fully understand why change is necessary, identify possible solutions, assess the impact of the final changes, and develop a plan to initiate implementation.

Understand that it is not the change that staff resist but the lack of knowing what the change means to them; people will go through transition at different speeds. Then, as you proceed through the stages of transition, look for signs, listen for words, and understand who will lose in the change. This will help you know if the transition is happening smoothly and effectively.

Resentment, anxiety, and stress are all common indicators that you may need to spend additional time with your staff during the transition to keep the transition plan on track. Understand that all transitions will begin and end with loss. When things change we leave some part of us behind, so it is important to know and identify who is losing what and what those losses will mean. These losses can be real or perceived, permanent or temporary, tangible or intangible.

It will also become important to identify to staff the actual end of the transition. This can be done by ceremony or event to establish closure of the past. Understand and accept as natural and necessary that part of the transition process will involve grieving. This will require coaching employees through transition as needed.

Finally, along with change, you want to encourage experimentation, risk taking, and feedback, develop trust and opportunities for learning, and provide mentoring.

This is a very brief summary of the concept of managing transition. There are more detailed programs that can walk your organization through the process and understand this concept. My hope is that this article has given you a glimmer into one of the areas of change in health care that you don’t often hear about.

Use New Technologies in Planning to Improve Quality of Health Care

(From Page 6)

2. “Preventive Maintenance” (PM) refers to the traditional scheduling of maintenance tasks at pre-defined frequency intervals.

Pro: This approach provides visual and operational inspection to ensure failure is not imminent and that systems are performing adequately. Failure frequency and repair costs should be kept in check while negative impacts on system life should be minimal.

Con: The cost of “PM” is fairly high as tasks are undertaken according to schedule rather than need. There is also a disconnect between performing a service task and assuring that the performance of the task has resulted in sustaining design efficiency and capacity unless testing is being done to validate the performance — which most often is not the case.

3. “Predictive Maintenance” (PdM) or “Reliability Centered Maintenance” (RCM) uses testing, predictive technologies, and diagnostics to determine maintenance needs. PdM is sometimes referred to as, or more accurately, integrates with “Proactive” maintenance. This approach requires testing and diagnostics that establish baseline performance criteria and compare conditions to detect or anticipate abnormal wear or small events which degrade performance. This is the basis for sustaining a “High Performance Building for Life.” By deploying PdM practices, a maintenance program becomes integral to delivering on this concept.

Pro: Eliminating scheduled but unnecessary tasks reduces total program cost, including testing, over the long run. Reliability is improved as intervention repairs are undertaken prior to component wear or performance degradation.

Con: Requires upfront training, hardware and software tools, and an understanding of how the technology is applied to focus on desired outcomes.

Acquiring the technology or third-party support for an effective PdM program is not cost-prohibitive and lends credibility to any formal maintenance program.

High Performance Buildings for Life

What can we do to assess the correct approach for a facility? A basic audit and analysis should be able to help determine the following critical factors:

o What are the critical systems for which performance criteria have been or should be established?

o What are performance criteria for the equipment (efficiency, capacity, control, etc.), and what can be used as a baseline against which we can compare future performance?

o Are there more urgent issues that should be considered in our systems analysis?

o Does adequate redundancy for critical systems exist?

o Is there a contingency plan in place to manage incidents?

o Examine the current maintenance program and identify “gaps” that could cause performance degradation

o Do we have manufacturer recommended maintenance practices from which we can enhance the current program?

o Can we identify testing and diagnosis procedures to help us move towards a more proactive maintenance future?

Now is the time to use the availability of new technologies to our best advantage by beginning the implementation of a “Predictive Maintenance” program. What is at stake is a certain improvement to the quality of health care that patients can expect to receive.
2007 NEHES Fall Conference Planning is Well Underway: It's Time for Vendors to Reserve Spots

By Milt Dudley, CHSP, CHFM, CPE
Director of Engineering
Inland Hospital
Waterville, ME
Chair, 2007 NEHES Fall Conference

Maine continues to push the planning effort for the 2007 Fall Conference. This year's event will be held in Portland, ME at the Holiday Inn by the Bay from September 30, 2007 through October 3, 2007.

Sable Oaks Golf Course will host the golf tournament on September 30. Mike Connolly of Mercy Hospital and Roger Boyington, P.E., of Maine Medical Center are spearheading the tournament planning.

Bob Lord of Parkview Hospital, with support from Don Garrison, SASHE, of Franklin Memorial Hospital, is arranging the vendor show and has already heard from lots of our vendors that they want to join us in Maine. If any of you hear from vendors who would like to be there, please have them contact Bob at blord@parkviewwmc.org. Don’s wife, Coral, has graciously agreed to line up the spouse/guest activities. Randy Hussey of Eastern Maine Medical Center and Joey Bard of Northern Maine Medical Center, who is the President of the Maine Healthcare Engineers Society, are working with Jack Gosselin, FASHE, CHFM, to line up some very interesting educational presentations. Other Maine Chapter members are busy in supporting roles.

Maine met February 16 at the Holiday Inn to tour the facility and continue the planning process. The theme for the conference is “NEHES is Giving Back in Maine.” The goal is to really provide tangible benefit for attendees. The Give Backs will include standard conference offerings such as excellent educational sessions, networking opportunities, vendor exhibits, spouse/guest programs, Annual Banquet, and scholarships. Maine is also working on innovative ways to increase “value” to participants, their guests, and vendors.

For more information:
Milt Dudley, CHSP, CPE, CHFM
Conference Chairman
Inland Hospital
200 Kennedy Memorial Drive
Waterville, ME 04901
(207) 661-3394
mdudley@emh.org

Vendor Partners
To get on the mailing list to receive a sponsorship/booth package, contact:

Robert Lord
Plant Operations Director
Parkview Adventist Medical Center
329 Maine St.
Brunswick, ME 04011
Phone: (207) 373-2212
Fax: (207) 373-2337
blord@parkviewwmc.org

Stay tuned for more details but....
Secure these conference dates now!!
September 30—October 3, 2007

Letters to the Editor

Editor’s Note: Jack Berger, a retired NEHES member now of Boynton Beach, FL wrote this letter to Don Garrison, SASHE.

In Praise of NEHES and NFPA

Don,

Just letting you know that I, although retired for several years, look forward to getting my quarterly copy of The NEHES Newsletter. The organization remains vibrant and continues to grow, providing a wealth of support for the newer members coming into our very special profession.

Although the NFPA gets plenty of coverage in the newsletter, I feel that the Association needs an added plug from both a past NEHES President and a past NFPA multi-committee member.

The NFPA is very unique in its makeup. More than 3,000 volunteers from technical support areas, from manufacturing areas, and lastly, from the user groups, provide committee membership to support the program of reviewing and updating all of the NFPA standards on a regular cycle.

Although this is a behind the scenes accomplishment, its impact affects the healthcare industry as much as, if not more, than most others. To illustrate this, one only needs to look at the first few pages of any of the NFPA standards to see who, and from where, the volunteer committees for that standard consist of.

It cannot be overstressed that the NFPA, in order to provide the service that we have come to rely on, needs members of organizations like NEHES to stand up and be counted. The process is simple and the rewards are great. Check any of the standards to learn about serving or simply how to submit proposals for changes.

Jack Berger

Jack spent 23 years directing a section of the Engineering Department at Boston University Medical Center. His involvement with NEHES began after he commented on a few “typos” in the newsletter several years ago. “I was immediately inducted into the Editor position. I loved NEHES and the people who made it such a great organization. My own commitment to the group elevated me to President within a few years and my active membership ended when I retired in 1992. Now, as a volunteer, I spend time helping non-profit healthcare organizations prepare for their equivalent accreditation inspections.”

Active Members: Earn $200 for the Best Newsletter Article!

The NEHES Board of Directors has come up with an innovative solution to reward Active Society members who contribute high quality articles to The NEHES Newsletter — a $200 cash prize to be awarded at Fall Conference.

Judges in the competition will be Don Garrison, SASHE, Newsletter Editor and Web Manager, and Debbie Sullivan, Newsletter Publisher. Member articles eligible for the contest in 2007 will be those submitted for this (Q1) newsletter, the Q2 newsletter, due out in June 2007, and the Q3 newsletter, due out in August 2007.

So get the computer keys tapping and submit your best entries to dgarrison@fchn.org or to debiesull@ncrr.com.

Save the Date
Preventing and Controlling Infectious Agents in Healthcare Facilities
May 21, 2007: Providence Marriott Downtown, Orms Street, Providence, RI
Contact Sylvia A. Monti
Smonti@lifespan.org
(401) 444-2816

More information will be available soon at www.nehes.org.
Sprinkler Obstruction, 18 Inches and Wall Shelving

By Eugene A. Cable, P.E., FPE
Regional Safety & Fire Protection Engineer
Department of Veterans Affairs
Albany, NY, NEHES Liaison to NFPA

It seems this question comes up often, I think mainly due to the ease of recognizing an 18-inch clearance. In other words, it is an easy target for inspectors. But usually, from a pure fire protection/engineering and systems performance standpoint, there is no problem.

I represent the Department of Veterans Affairs on the NFPA 25 Committee, Inspection and Testing of Water Based Systems, which writes the Code. If you look in Chapter 5, Section 5.2.1.2, (latest Edition 2002), you will not see the 18 inches mentioned. The Committee thought so little of the issue that they placed the 18 inches "rule" into an Annex note. Sprinkler systems are complex and designed specific to a storage and water supply situation, so, according to the experts, the 18 inches rule is often not a valid issue. Therefore, they refused to make it one in the sprinkler maintenance Code.

From a fire protection engineering perspective, in the greatest majority of cases the sprinkler system is provided with flow and pressures way beyond the minimum 7 psi required for most sprinklers, therefore, the spray pattern is on the ceiling and is known to even blow out ceiling tiles. The 18 inches principle came from the minimum 7 psi flowing sprinkler with a water "cone" parabola type distribution pattern downward.

Sprinkler system pressures are always much higher with pressures as high as 80 psi typical, particularly when a fire pump is involved. When there is no cone downward, there is very little opportunity for obstruction. As the Codes move away from the prescriptive "cookbook" approach to the performance-based design, we will see rules such as the 18 inches go away. (On the next page, see one distribution pattern chart from Reliable sprinkler company – the chart stops at 30 psi. Imagine the pattern at 80 psi.)

For example, surveyors often site height of storage and lack of sprinkler clearance in a closet. If the closet door latch were to hold and the door were tight, the closet would be filled with water floor to ceiling in about three minutes! Certainly everything in the closet would get wet almost immediately regardless of storage configurations.

Now for the Codes: CMS, Joint Commission, and VA all reference and enforce NFPA 13, 1999 Edition. CMS does not mention the 18 inches issue in their Life Safety inspection "K-list" used by state inspectors for annual inspections of health care facilities.

Joint Commission specifically states in their Part 3- Life Safety Assessment document, item 6B (Page 3-13), "Perimeter room wall shelving may extend up to the ceiling when not located directly below any sprinkler head."

NFPA 13, 1999, Section 5-6.6, Annex A-5-6.6 outlines the wall shelving consideration. "The 18 inch dimension is not intended to limit the height of shelving on a wall or shelving against a wall in accordance with 5-6.6. Where shelving is installed on a wall and is not directly below sprinklers, the shelves, including storage thereon, can extend above the level of a plane located 18 inches below ceiling sprinkler deflectors. Shelving, and any storage thereon, directly below the sprinklers cannot extend above a plane located 18 inches below the ceiling sprinkler deflectors."

VA, Joint Commission, and, to my knowledge, CMS, all allow storage against the wall to any height. We know storage is an issue within the healthcare setting. So there is the practical reality that busy people must and will find places to store things. For sprinklered spaces, limiting storage heights against a wall would likely have a negative affect, resulting in storage placed too high within the room – which can be detrimental to fire protection.

Surveyors/inspectors are often not aware of this wall storage allowance. Usually the issue with a surveyor or inspector is the misunderstanding that the sprinkler system must extinguish the fire and therefore all items within a sprinklered space at every level should get wet – not true. The understood objective for NFPA 13 design is to CONTROL or extinguish a fire until the fire department can get there and complete extinguishment.

The real issue is the potential of obstructing water from getting to substantial combustible loads beyond those items getting wet. There are no items beyond those stacked against a wall.

If a surveyor or inspector were to ask that wall storage heights be reduced, you would have very firm grounds for an appeal.

(Graph: Page 2)
Distribution Patterns
Model G & GFR Sprinklers, Upright (SSU) & Pendent (SSP), \(\frac{5}{16}''\), \(\frac{3}{8}''\) & \(\frac{7}{16}''\) Orifice Sizes.

1. Profile indicates maximum effective throw of one half of symmetrical spray pattern.
2. Sprinklers shown operating at flowing pressures indicated.
3. Legend:
   - 7 P.S.I. ————
   - 15 P.S.I. ————
   - 30 P.S.I. ————
4. Spacings = one foot

These distribution patterns illustrate approximate trajectory and coverage as guidance for preventing an obstruction from being placed in the flow path. No specific coverage areas or densities are implied by these patterns.
Bringing Education to Members and Advocacy are Top ASHE Objectives

(From Page 4)

and to review not only the successes but also focus on the concerns raised in member surveys.

At the ASHE committee meetings, education delivery was discussed at length and continues to be a primary member interface with lengthy conversation on current programs and changes to improve. One of our major objectives is to work on getting more education programs out to as many members as possible. With many hospitals seeing shrinking education budgets, ASHE will make every effort to get current information to the membership in affordable ways.

One example is the new podcast on the ASHE website. Go to Advocacy/Advisories on the home page, scroll down to Podcast: JCAHO proposed additions and revisions to Emergency Management Standard -- New! This is a new feature that will help ASHE get more information to the members.

Look this year for the offering of Facility Manager Training programs that will be delivered in a few different ways. First, we look to expand the current Healthcare Construction Certificate Program and include a Facility Manager Construction Certificate that will be more focused on the larger picture of all phases of certification, including Master Planning to Operations. This course will be delivered regionally, similar to the HCC program that has been so successful for the past four years. The second program will be a Facility Managers Education Program tailored to helping you keep all of your skills rounded and be focused around all areas identified in the CHFM. Not a CHFM prep course per se, it will provide you with the core program elements to review. The third education program we are looking at is a package that the local chapters can obtain for a one-day construction program for facility managers, construction managers, and architects. This program will have many basic elements that the HCC program has except that it will be offered in a facilitated roundtable type of discussion. E-learning modules are expanding. Advocacy remains one of ASHE's central objectives. ASHE has gained the respect of industry regulators to a point where we have a "seat at the table." We work to bring fact and evidence based logical information to the table. Be sure to visit the ASHE website where there is more material than ever on advocacy issues.

Four Region 1 NEHES members are serving on ASHE committees this year:

- Bob Loranger, P.E., CHFM -- Chapter Relations, Vista Award, and Facilities Management Committees
- Steve Cutter, CHFM -- Healthcare Contractor Certification Committee
- Dana Swenson, P.E. -- NFPA 99 Advocacy Task Force Chair

Please contact these folks if you have input or issues with the program work that they do.

Please remember to take advantage of your ASHE membership. The ASHE website is full of information that can be used to improve your role as a healthcare professional. Advocacy issues, regulation changes, products and resources, education, medical alerts, career flash, and important links can be found on the site.

Other ASHE and NEHES News:

- I did secure Leo Gerhing and Dale Woodman to speak at the NEHES Fall Conference in Maine this year September 30 - October 3.
- NEHES has nominated a facility manager for ASHE's Crystal Eagle Award and for the Regional Leader Award.
- Kevin Keating, NEHES President, is working diligently on the ASHE Levels of Affiliation application.
- The 44th annual ASHE conference will be July 8-11 in New Orleans. See the ASHE website for more information.

More than 15% of ASHE's Members Live in Region 1

ASHE membership increased to approximately 7,500 persons and our region contributes over 15% of the total number of members. If you know a colleague or a fellow who could benefit from ASHE membership, please feel free to contact me at rva-chon@standrewshealcare.org or Charmaine Osborne at cosborne@aha.org. We will be happy to discuss the key advantages of ASHE membership with you and assist in the membership process.

Newsworthy Items for Busy Facility Managers

All items courtesy ASHE E-Flash, a weekly e-newsletter published by ASHE and distributed free to ASHE members. Items have been compiled by Robert Thompson, P.E., CSHM, The Thompson Group, Fire, Life Safety, and Safety Consulting, and NEHES Liaison for JCAHO; Bobatr13@comcast.net. Bob has added Editor's notes below in several places.

Expanded Life Safety Code Specialist Involvement in Surveys

Beginning in 2008, a Life Safety Code Specialist will be added to the survey team for one day for all hospital surveys. In addition, the time spent by the Life Safety Code Specialist during on-site surveys will increase to two days in hospitals with 750,000 or more square feet. Life Safety Code Specialists were added to survey teams in 2005 for surveys of hospitals with 200 beds or more. The expanded involvement of the Life Safety Code Specialist in hospital surveys supports the Joint Commission's continuing scrutiny of Environment of Care requirements.

Ask ASHE

1. Question: Within the last 12 months, has anyone documented and reproduced a cell phone causing interference with a medical device? If so, please give the details.

Response: The Mayo Clinic published an article in Mayo Clinical Proceedings 2005, 80:1286-1290, "Cellular Telephone Interference With Medical Equipment." The article reported on testing 15 devices with six cell phones and the finding of a "clinically important interference" of 1.2%.

2. Question: Item 4B of the Statement of Conditions asks if the Linen Chute door is self-closing and positive latching. The reference provided is 101:19.5.4. This is an existing building and the laundry chute is not in the corridor. I can't find the Code reference that requires the positive latching of the chute door. I have traced the other references in the Code, 101:9.5 and 101:8.3 and still haven't found the requirement. We were cited for lack of positive latching in a recent survey.

Response: The issue is one of protecting the occupants from the hazard by sealing the chute from the corridor with a one-hour fire barrier. This would normally be comprised of the entry door into the chute meeting the requirements of a fire door assembly (101:2000 edition, section 19.5.4.1) i.e. one hour rated with automatic closure and latching. Since the chute entrance is not in a corridor, if the chute

(To Page 6)
News for Busy Facility Managers
(From Page 5)

access room is a one-hour hazardous location (fire barrier and fire door assembly), then this should protect the floor from the hazard created by the chute opening (provided nothing else was stored in the chute access room). (Editor's Note: Actually, the chute door represents part of the shaft enclosure (usually 2 hours for ≤ four stories), aimed at preventing fire transmission from floor-to-floor or chute-to-room via the chute/into the chute room. The chute fire rated enclosure presents a level of fire protection redundancy (1) given the fact that soiled linen can be staged in the room and (2) given the horrible fire history - granted, ancient - with linen and trash chutes. Requirements are given in NFPA 82, based on retaining good recent experience. - R. J. Thompson)

3. Question: How does the rule of requiring battery-powered lights which last at least 1.5 hours relate to hospitals with emergency generators? Do hospitals need them at any other areas besides critical and hazardous locations? Response: The requirement for battery-operated lighting is intended for facilities that do not have egress lighting powered from an emergency generator. So if a Level 1 Emergency Power Supply System (EPSS) is installed, there are no requirements for battery operated egress lighting. For task lighting there are three requirements. The area where the emergency generator is located and all transfer switch locations are required to have a battery operated light (in the event the generator or the transfer switch fails). In addition, new or renovated anesthetizing locations are required to have a battery powered emergency light to provide illumination during the 10 second startup and transfer of power from normal source to emergency source. The duration for this emergency illumination should also be reviewed by the surgical staff to determine the need for additional minutes if both the emergency and normal system were to fail.

4. Question: I’ve heard that Joint Commission surveyors are requesting a signed authorization page attached to the Security Management Plan that states the security director/supervisor is authorized to take appropriate actions in the event of an emergency or a life threatening situation. This would be similar to the safety committee authorization of safety committee members or safety officer. Is this true? Response: This is not true, there is no requirement for a signed authorization letter for the security chief (director/supervisor). If a surveyor requests this, it is not a requirement and therefore no citation may be generated from a failure to meet that request. The only person(s) within the Environment of Care standards required to have an authorization letter is the safety officer. Keep in mind that the Joint Commission will hold you to your own standards if they are higher than Joint Commission’s requirements. Therefore, if a hospital’s security management plan states that the security director is authorized to take immediate action, the surveyor can rightly ask for a copy of this authorization, so be careful not to over promise and under deliver on management plans (and annual assessments of plans). A hospital stating this in a plan and not doing it is the only reason I could see where a hospital might be cited for failure to meet this request.

5. Question: At our facility, Nursing wants to put carts with essential supplies outside rooms housing isolation patients. These carts are on wheels and small. We check in each fire drill that corridors are cleared when the alarm sounds on each unit. We also have the option of putting shallow wall-mounted shelving on the wall that wouldn’t extend past the handrail. Are either of these options safety problems? Response: The Joint Commission has been allowing wheeled isolation carts to be parked just outside the isolation patient’s room in the corridor. We would advise against installing the shallow wall-mounted shelving and suggest that you use the carts, as needed. (EC News - May 2003)

In its clarification issued on August 12, 2004 (S&C 04-41), CMS states, “Infection control supply cabinets outside of a specific room are allowed in the corridor while precautions are enforced for that room.” In this clarification they go on to say that crash carts are ok as well as “attended carts,” meaning that carts that are in use are ok. In use is considered to be moved within 30 minutes.

Did You Know? ASHE members have access to a number of free Management Monographs on a variety topics. See http://www.ashe.org/ashe/products/index.html.

EPSS Hazard Vulnerability Analysis Healthcare organizations with an Emergency Power System are required to have a testing and maintenance program for the system and its various components. However, routine testing will not determine if the EPSS is capable of providing the necessary power under adverse conditions for prolonged periods of time. A vulnerability analysis goes beyond just testing to help identify areas of liability, but also finds weaknesses due to inadequate planning, training, clinical preparation, and emergency equipment. http://www.ashe.org/ashe/products/pubs/mg2007adams.html

CMS Guidance on Alcohol-based Skin Preparations in Anesthetizing Locations On January 12, 2007, CMS issued a Memorandum to State Survey Agency Directors supporting the use of alcohol-based skin preparations in anesthetizing locations. Specifically, the Memorandum addresses "risk reduction techniques to permit safe use of alcohol-based skin preparations in inpatient or outpatient locations in hospitals, Critical Access Hospitals (CAH), or Ambulatory Surgery Centers.” To view ASHE’s Advisory and link to the CMS Memo and NFPA TIA go to http://www.ashe.org/ashe/codes/advisories/index.html

Recall: Erie Boiler Boss Boiler Controls The U.S. Consumer Product Safety Commission announced a voluntary recall of the "Erie Boiler Boss" Operating and Reset Controls by TAC LLC of Loves Park, IL (formerly Inven-sys Building Systems). The reason for the recall is that these boiler controls can fail, causing water temperature to rise to the high temperature limit, according to the product safety notice posted at www.tac.com. Contact TAC toll-free at (866)692-1110 between 8 a.m. and 4:30 p.m. CT Monday through Friday, or visit www.tac.com. To see this recall on CPSC’s web site, including a picture of the recalled product, go to http://www.cpsc.gov

Fixed Performance Areas for 2007 for RUS The fixed performance areas for 2007 for Random Unannounced Surveys of hospitals are patient safety, medication management, assessment and care/services, and National Patient Safety Goals. Random Unannounced Surveys are conducted in a sample of 5 percent of organizations each year.

CMS: Medical Gas Storage Quantities CMS has released a memo concerning the storage requirements for medical gas in patient care areas which is in agreement with the Joint Commission by allowing 12 E cylinders (300 cu ft) of noncombustible gas in a smoke compartment (22,500 sq ft) unprotected. CMS references NFPA 99-2005 Health Care Facilities section 9.4.3. Go to http://www.cms.hhs.gov for more information.

Joint Commission to Provide Data Management Tool In mid-2007, all accredited hospitals will be provided—at no additional cost—a new tool called the Strategic Surveillance System, or S3, to help identify and prioritize areas for improvement. S3, which will be accessible via an organization’s extranet site, is not a requirement for accreditation nor does it require hospitals to input additional data. The system uses current data, including past survey findings, ORYX® core measure data, complaints, non-self-reported sentinel event information, electronic application information, and MedPAR data. After these data are analyzed, hospitals can use the resulting information to drive quality and safety improvement efforts through comparative performance information, benchmark reports, and quality risk profiles. In addition, hospital systems will have the ability to compare S3 data for its accredited hospitals to identify trends or common areas for improvement.
Registration Form
NEHES 2007 Spring Seminar

Name ___________________________ Title ___________________________
Organization ___________________________ E-mail ___________________________
Phone (___) ___-___ Fax (___) ___-___ NEHES Member? ___ Yes ___ No
Payment: (Cost: NEHES Members - $135.00, Non-members - $160.00)

If you are not a NEHES member but wish to apply the extra $25.00 fee for Non-member registration
toward a NEHES membership and meet membership qualifications, please fill out a membership
application form and submit at the registration desk.

___ Check enclosed, make payable to NEHES and mail to: Phil Chaput
___ Charge to my: ___ Visa ___ MC ___ AmEx
CSC (last 3 digits on back of card): __________________
Name on card: _______________________________________
Expiration date: __________________________
Signature: ________________________

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c/o Phil Chaput, Engineering Services

ASHRAE 170P
HEICS IV
NFPA 70E

The New England Healthcare Engineeers' Society (HEICS) proudly presents
the 2007 Ashrae 170p/hics IV/Nfpa 70e Spring Seminar.

March 22, 2007
Leominster, MA
The New England Healthcare Engineers’ Society is a nonprofit organization dedicated to the promotion and mutual exchange of ideas, technical assistance, and experiences in the field of healthcare engineering.

We cordially invite you to join us at the 2007 NEHES Spring Seminar which will be held on Friday, March 23, 2007 at the Sheraton Four-Points Hotel & Conference Center at the junction of Routes 2 and 12 in Leominster, Massachusetts.

ASHE Continuing Education Units [CEUs]: 0.55

HOST CHAPTER

NEW HAMPSHIRE SOCIETY OF HEALTHCARE ENGINEERS

Planning - Board of Support

VENDOR PARTICIPATION

You will have several opportunities during the day to meet with reputable and loyal vendors interested in providing products and services to your facility - please visit their booths. They are vital to the success of our educational efforts.

The Speakers

This year’s educational format consists of three sequential tracks starting with a presentation on ASHRAE 170 P led by Richard D. Hermans, P.E., who is the Senior Project Manager at the Center for Energy and Environment in Minneapolis, Minnesota. This session will focus on ASHRAE updates and ventilation requirements as they pertain to healthcare facilities specifically.

Next, Tracy Buchman, Safety Director at the University of Wisconsin Hospital and Clinics, will lead a discussion on HEICS IV. Tracy is currently serving on the National HEICS IV Project Working Group. As part of a Department of Homeland Security grant, she will be joining the American College of Emergency Physicians as an emergency preparedness site reviewer to conduct an all hazards assessment of select communities’ hospital emergency preparedness plans and capabilities. This presentation will focus on updates to the HEICS plan, specifically targeting the typical roles and responsibilities for healthcare engineers.

Finally, Mark Hilbert, Senior Electrical Inspector of the State of New Hampshire, will review NFPA 70E standards for electrical safety in the workplace. Mark has been the Chief Electrical Inspector for the State of New Hampshire since 2001. He has been an electrical inspector since 1993, a Certified Electrical Inspector in all 3 categories, and is a Past President of the IAEI Eastern Section. Mark sits on NEC Code Making Panel 4 and he is a principle member of the Technical Committee for NFPA 79; Electrical Equipment of Industrial Machinery. Mark also instructs code courses for the state of New Hampshire and is an international presenter for NFPA.

Agenda

7:30 - 8:15 Registration, Continental Breakfast
8:15 - 8:30 Welcome/Announcements
8:30 - 9:30 ASHRAE 170 P - Part I
9:30 - 10:00 Break - Visit Vendors
10:00 - 10:45 ASHRAE 170 P - Part II
10:45 - 11:00 Break/Stretch
11:00 - 12:00 HEICS IV
12:00 - 1:00 Lunch - Visit Vendors
1:00 - 2:00 NFPA 70 E - Part I
2:00 - 2:30 Break - Visit Vendors
2:30 - 3:30 NFPA 70 E - Part II
3:30 - 4:00 NEHES Board Update and Adjournment
NEHES Engineer-of-the-Year Award

Suggested Selection Criteria

1. Over the nominee’s career (and particularly 2006), the candidate has displayed commendable leadership qualities.

2. Over the nominee’s career (and particularly 2006), the candidate has ably represented the interests of the New England Healthcare Engineers and the healthcare engineering profession.

3. The candidate has provided technical and/or professional assistance to other healthcare 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 which has helped them improve the overall effectiveness of their operations.

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

9. During 2006, 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!

The Deadline is May 1!
NEHES Engineer of the Year Award
Nomination Form

Deadline is May 1!

Name and Title of Nominee: _____________________________________________
Facility: ______________________________________________________________
Phone, e-mail: __________________________________________________________

Reasons for nomination:

- 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 ___________________________________________

Fax or e-mail this form to:

Joseph Mona
Director of Facility Systems
Lawrence General Hospital
1 General Street
Lawrence, Massachusetts 01842
[978] 946-8179
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Thank you for taking the time to nominate a colleague for this important award.