Regional Leader Wins Accolades from Management, NEHES Colleagues

The 2006 Regional Leader from ASHE’s Region I is an energetic facility manager who has made significant contributions to his profession, both on the job and as an active member of state, regional, and national organizations.

Although Dave Dagenais, the Plant Operations Manager at Wentworth-Douglass Hospital in Dover, NH could be considered a relative newcomer to health care – he was hired at his hospital in 1992 after military, law enforcement, and private business experience — he became an active contributor and leader both in his New Hampshire chapter and in NEHES as soon as he joined both groups. He is also an enthusiastic member of two NFPA committees and of ASHE; in fact, he hopes to serve on ASHE committees in the future. He holds several certifications and professional licenses, he earned a bachelor’s degree while working fulltime, and he is well respected as a leader by co-workers, supervisors, and colleagues.

Dave’s fellow NEHES members nominated him for the Regional Leader award, which is one of ASHE’s Personal Recognition Program awards. ASHE annually names 10 Regional Leaders, one from each of its region, to recognize the winners for their leadership.

NEHES Earns Highest Level of Affiliation Award from ASHE—Platinum

NEHES President Kevin Keating has received word that NEHES was awarded the Platinum Level of Affiliation from ASHE. The Platinum Level, new this year, is the highest Level of Affiliation that can be attained by an ASHE Chapter. NEHES has earned the Gold Level of Affiliation award (previously the highest award level) for the past eight years. Six of ASHE’s 61 active chapters achieved the Platinum status.

“I just received notification from ASHE that NEHES earned the Platinum Level of Affiliation!”

Maine Invites Facility Managers, Guests, and Vendor Partners to Fall Conference

By Milt Dudley, CHSP, CPE, CHFM
Director of Engineering
Inland Hospital
WATERVILLE, ME
2007 NEHES Fall Conference Chairman,
Maine Representative to NEHES Board

Attention Healthcare Engineers!
Want a chance to treat yourself and your spouse/guest to a mini-vacation in Portland? Want to hear exciting speakers, learn new things, earn CEUs (Continuing Education Units), and network with your colleagues? Want to get a tremendous value for your training dollar? Well, then, the answer is simple:

Join us in Portland September 30 – October 3 for

2007 NEHES Fall Conference!
You and your spouse/guest will have many opportunities for shared activities. And, while we engineers get “wicked smaht,” our partners will be treated to a shopping trip by bus to Freeport, home of L.L. Bean and dozens of factory outlet stores. They also will be delighted with a floral welcoming gift and an authentic Maine parting gift, both selected by Coral Garrison. Coral has been working tirelessly to put together a spouse/guest program.

Fun? We got fun for ya’ in Maine!
• Fall Conference kicks off with a golf tournament on

NEHES Members Have Nominated Three Excellent Candidates for the 2006 Engineer of the Year—Dave Dagenais, John Duraes, and Bob Lord. Read their answers to Joe Mona’s questions in the insert placed in this newsletter and VOTE NOW!
President’s Message

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

Greetings from your President! I hope everyone is enjoying the fine spring weather. There has been a tremendous amount of activity within NEHES over the past few months that I would like to share with you. Some of these items will be covered in much more detail in other sections of this newsletter.

I was notified by ASHE that NEHES was awarded the Platinum Level of Affiliation for 2006. The Platinum Level of Affiliation is new in 2006 and is the highest level of affiliation that a chapter can attain. Congratulations to all NEHES members and thank you for all your hard work in 2006.

I have more great news. I was also notified by ASHE that the ASHE Regional Leader Award for Region I was awarded to Dave Dagenais from the Wentworth Douglas Hospital in Dover, New Hampshire. Congratulations, Dave!

I want to thank everyone that was able to make the March 22nd Board meeting in Leominster. We covered a lot of topics and were able to get a lot accomplished by working well past 10:00 PM. I also want to thank Dave Dagenais and the New Hampshire Chapter for organizing a terrific Spring Seminar. During the Seminar I took the opportunity to share with the audience all the great things that NEHES is currently doing for its members. I received a lot of good feedback from the audience particularly with respect to the new scholarship for members proposal.

April and May were fairly busy months for me. Shriners Hospital was surveyed by the Joint Commission in early April and we did really well. We ended up receiving one supplemental recommendation. I sent letters to 75 Supporting Members requesting their assistance in spreading the word about NEHES.

I asked that, when they contact or visit members of the healthcare community, they let them know about NEHES and encourage them to visit the NEHES website. I also prepared a draft of my proposed NEHES Chapter Excellence Awards Program and distributed copies to all the Board members in May. The Board approved my proposal so I will be working to get the document designed and printed by the end of June. I will then send the document to all the Chapter Presidents.

I hosted the June 1st Board of Director’s meeting here at the Shriners Hospital in Boston. Due to the timing of publishing this newsletter I will be sharing the details of this meeting in the third quarter newsletter.

Please have a safe, enjoyable summer.

President-Elect’s Message

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

Looking forward, the 2007 Fall Retreat will take place at the Omni Hotel in New Haven, CT on November 8, 9, and 10. Any active member who would like to become more active on the Board and would like to attend should contact your State Representative to the Board.

Attendance will need to be confirmed before October 9 so please mark these dates down.

Just as a heads up, we recently had a visit from the U.S. Department of Transportation, FAA, Security and Hazardous Material Division. They had gotten a copy of a shipper’s declaration for dangerous goods from FedEx and wanted to see the training records of the person who had packed the shipment per CFR 49/172.704.

The item was shipped out of our microbiology lab and was being sent to the Department of Public Health lab services. We never did determine whether or not the package had actually been shipped by air, just that the labeling on the package indicated that it could be shipped by air.

Given it just went from New London to Hartford, I don’t believe it ever left the ground.

Newsletter Deadlines

The deadlines for stories for the Q3 2007 issue of The NEHES Newsletter are:

- By August 5: articles and ideas for articles should be sent to Debbie Sullivan
- By August 25, 2006: newsletter to be mailed.

Submit article ideas to debbiesull@nc.rr.com or dgarrison@fchm.org. Thank you for supporting the newsletter!

Important NEHES and ASHE Dates

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<tr>
<th>Event</th>
<th>Details</th>
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<tr>
<td>July 8-11, 2007</td>
<td>ASHE 44th Annual Conference and Technical Exhibition, New Orleans</td>
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<tr>
<td>September 30-October 3, 2007</td>
<td>NEHES 2007 Fall Conference, Holiday Inn by the Bay, Portland, ME</td>
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Organizers: Maine Healthcare Engineers Society

To view ASHE educational opportunities, go to www.nehes.org, click on the RESOURCES tab at the top of the home page, scroll down to Engineering/HealthCare Related Organizations, and click on ASHE, or on the ASHE website, click on Calendar at the top of the home page.
Regional Leader
(From Page 1)

and commitment to the field of healthcare facilities management through their local and/or national involvement with ASHE.

"Dave’s leadership skills have helped strengthen both the New Hampshire Society of Healthcare Engineers and NEHES," wrote NEHES President Kevin Keating in Dave’s nomination letter. "In a very short time Dave has been recognized both inside and outside of NEHES as a very energetic, articulate, team player. He clearly is a top choice to ascend to the top leadership position in NEHES."

Ron Vachon, SASHE, the ASHE Region 1 Director, wrote, "Dave is gifted with much energy, charisma, and leadership talent. Dave has been a committed and significant contributor to NEHES. During his tenure in chapter officer positions, we have noticed significant chapter growth, and we continue to see him bring new information to chapter meetings from his work on NFPA committees."


Accolades for Dave also came from Gregory J. Walker, FACHE, the President and CEO of Dave’s facility, Wentworth-Douglass Hospital, who has worked closely with Dave ever since the Regional Leader joined the hospital as an electrician. He wrote, "In his dual roles as Safety Officer and as Plant Operations Manager, Dave’s commitment, leadership, and expertise were instrumental in the execution of all the renovation and construction projects, both from a Plant Operations perspective, as well as patient and environmental safety and security...he is an effective leader and mentor, and he is passionate about the work he does."

Dave’s colleagues in the New Hampshire Society of Healthcare Engineers, where he now serves as President, praise him as a major contributor and motivator who has developed and conducted numerous educational programs for NHSHE.

As a NEHES Board member, Dave chaired the 2007 NEHES Spring Seminar, he is the New Hampshire Representative to the Board, and he is a member of the Board’s Audit Committee. He holds several professional licenses and certifications, including Certified Healthcare Facility Manager (CHFM), Certified Healthcare Safety Professional (CHSP), and Registered Healthcare Safety Officer (RHSO).

Dave thanked his NEHES colleagues for his nomination. "I am extremely thankful and honored to be chosen as the recipient of the Regional Leader award. Although I am particularly proud of winning the award, knowing that this award was achieved through the recognition of my peers and coworkers is clearly the highest compliment one can receive."

He will be recognized at the ASHE Annual Conference in New Orleans in July and receive:

• Complimentary registration for the ASHE Annual Conference
• A $300 stipend to cover additional expenses of attending the conference
• A one-year ASHE membership
• All-expense-paid trip to the ASHE Leadership Institute later this year
• Recognition in InsideASHE.

Platinum
(From Page 1)

was awarded the Platinum Level of Affiliation for 2006," Kevin said.

"Congratulations! All of your hard work and accomplishments in 2006 have been recognized at a national level by ASHE. You should all be proud of yourselves as individuals who have volunteered countless hours of your time making NEHES what it is today. You should also be proud of the fact that collectively, as a Society, we are the best. Great job!"

Kevin will accept the Platinum award at the Chapter Leadership Forum in New Orleans on July 7 during the ASHE Annual Conference.

"This is great news! I would like to echo Kevin’s congratulations for all of the Board’s effort and chapter support in 2006," said Ron Vachon, SASHE, the ASHE Region 1 Director. "It was a pleasure to have such a dedicated and hard working group focused on furthering the profession and providing quality education and communications to NEHES members. We are truly respected nationally as a leading chapter in ASHE, thanks to all that you do. Together, NEHES and ASHE make a difference in improving the healing environment."

The Levels of Affiliation Awards are based on a set of criteria that chapters must meet for Bronze, Silver, Gold, and Platinum awards. Each year, the NEHES President prepares the

Levels of Affiliation Award package in the spring. Chapters participating in the awards program are recognized for efforts from the previous year.

Board Member Don Garrison, SASHE, praised Kevin’s efforts and that of the entire Board in pursuing the Platinum designation. "Kevin wanted to go for Platinum and he did a great job working up the application package. His leadership caused this to happen. Everyone on the Board helped, but Kevin was the champion."

Platinum status requires that chapters:

• Achieve Gold status for five consecutive years
• Maintain 50% or above active members who hold dual ASHE membership in the chapter
• Chapter President and President-elect must maintain active ASHE membership
• One Chapter Officer must attend the annual Chapter Leadership Forum
• Offer at least 24 hours of annual educational programming

• Submit name of and contact information for the current chapter Advocacy liaison/committee chairman
• Distribute a minimum of 12 communications annually to members/customers
• Submit a chapter nomination/application for Regional Leader and/or Crystal Eagle award
• Maintain an active chapter website that links from the ASHE website to the chapter URL

Submit an Annual Report that includes the following: Annual Planning, Chapter Bylaws, Operating Budget, Chapter Officers.

Platinum Affiliate Chapters receive:

• A commemorative plaque
• Invitation and stipend for the Chapter President to attend the annual ASHE Leadership Institute
• Specially designed logo to promote the chapter’s Platinum affiliation status
• Promotion in the July/August issue of InsideASHE, throughout the ASHE Annual Conference, during the Chapter Leadership Forum, on the ASHE website, and in ASHE*flash
• Two complimentary waivers to attend the ASHE Annual Conference in July 2008
• Four complimentary one-year ASHE memberships, which must be awarded to a non-ASHE member within the local chapter area
• Two complimentary ASHE publications.
Fall Conference

Sunday, September 30

- Monday the exhibit hall will be filled with displays from our vendor partners... don't miss this event!
- Breakfast Monday – Wednesday will be with our spouses/guests
- Monday evening is a theme dinner – Maineiac night. So dress like a Maineah, dust off your best “Ayuh,” and join us for tons of fun
- Tuesday evening is the Annual Banquet. In addition to the well-deserved honors and scholarships to be awarded, we will have a well-known Maine humorist to entertain us. Dress is semi-formal.

Education? Here’s a sampling of our exciting line up of speakers/topics:
- Dale Woodin, CHFM, SASHE, ASHE Executive Director: “What’s Hot in Advocacy”
- Leo Gehring, CHFM, SASHE, University of Arkansas for Medical Sciences: “ASHE Issues”
- Jack Gosselin, FASHE, CHFM, Gosselin Associates: “Professional Communications”
- Michael Gurevich, New York City Brickwork Design Center Consultants: “Everything You Need to Know about Bricks”
- Don Garrison, SASHE, Franklin County Community Health Network: “Don’t Let Your Surgeons Lose Their Cool!”
- Gene Cable, P.E., FPE, Department of Veterans Affairs: “NFPA Update”
- Brian Soltysek, Triumvirate Environmental: “Infection Control Risk Assessment/Interim Life Safety Measures”
- George Nolan, Director of Capital Planning and Management, UMass Memorial Healthcare System (UMMHC), and Randy Charpentier, Senior Healthcare Environmental Compliance Advisor, Triumvirate Environmental and UMMHC Quality Control for Construction: “Infection Control and Life Safety Management in Construction”
- Jeff Mylen, P.E., CPE, Eastern Maine Medical Center: “Heat/Power Co-generation”
- Dean Samet, CHSP, Smith Seckman Reid, Inc.: “Joint Commission Issues”
- Several other topics are under consideration.

So tell me this: “How could you possibly pass up this opportunity to have a great time in Portland with your spouse/guest AND earn CEUs AND network with the best healthcare engineers in the world?” Since you know the answer, save the date on your calendar NOW!

Please remember to tell your colleagues about this outstanding event and offer your vendors a chance to exhibit their products and services.

For information on vendor packages, contact: Bob Lord Parkview Adventist Medical Center 329 Maine St. Brunswick, ME 04011 (207)373-2212 lord@parkviewamc.org

For more information on Fall Conference, contact: Milt Dudley, CHFM Inland Hospital 200 Kennedy Memorial Dr. Waterville, ME 04901 (207)861-3394 mdudley@emh.org

Registration brochures will be mailed to NEHES members later this year. Watch for more conference details at www.nehes.org.

Members: Bring Your Spouse or Guest to Fall Conference—There is a Special Program Planned for Them

Coral Garrison, by virtue of spouse Don Garrison’s longtime involvement in NEHES, ASHE, and MHES, has attended many NEHES Fall Conferences.

She has volunteered to help MHES plan the 2007 Fall Conference spouse/guest program as she did last year at the 2006 Fall Conference in Massachusetts.

Coral and her assistants will greet spouses and guests when they arrive in Portland, presenting them with flowers and a note. They’ll shop and have lunch one day in the Old Port of Portland, take a trip to Freeport, eat breakfast every day with the NEHES Fall Conference attendees, dress up and attend the semi-formal Awards Banquet, and dress casually, “like Maine residents,” at the Maine theme dinner – “L.L. Bean shoes, pants, casual wear,” Coral said.

Coral has also picked out a special Maine gift to give each spouse/guest when Fall Conference ends.

Massachusetts Electricity Consumers to Meet July 13 to Discuss Capacity Charge Reduction Strategies

Since December 2006, all New England electricity consumers have been paying a new “capacity charge,” determined on the peak New England consumption day every year. Your institution is assigned a capacity “Tag” based on its demand on that peak day that determines how much you will pay in capacity charges in the following year. Currently, the capacity charge adds about 6-13% to your overall electricity budget, and the per-kwh charge goes up every year until 2010.

NEHES has joined forces with PowerOptions, a non-profit energy-buying consortium, and the Boston Consortium, a consortium of Boston-area colleges, to hold a half-day seminar to discuss strategies for reducing your “Tag” and other ways you can participate in the newly-created market for electricity capacity.

The seminar will be at the Sheraton Boston on July 13, and speakers will address the following issues:
- How is the capacity charge set?
- How much is it?
- How does it appear on your bills?
- How do you know how much to budget for it for next year?
- What can your institution do to make your tag smaller?
- What other long-term demand response strategies should you be looking at?

To see the seminar agenda and register for the program, go to www.poweroptions.org/news.

Six-year history of highest New England power consumption days
- August 9, 2001
- August 14, 2002
- August 22, 2003
- August 30, 2004
- July 27, 2005
- August 2, 2006
By Fred Leffingwell, CHFM
Director, Facilities Planning and Management
Lawrence & Memorial Hospital
New London, CT.
NEHES President-Elect

Now that there are several companies providing benchmarking services, are you ready to see how well you compare to other hospitals?

When we started the benchmarking process here at Lawrence & Memorial Hospital, our first step was to have the Finance Department send in raw financial data to the benchmarking service we had hired. The next step was for us to answer a series of questions to further quantify our operations, including items such as square footage maintained or patrolled and other characteristics of our operations to clarify functions that we either do or don’t do.

We quickly discovered as we did this exercise that we needed to make sure the data we had been using for years was correct. For example, when looking at square footage we needed to make sure we had accounted for every building, office space, and we provide service to. Information that we had taken for granted was examined in question and in several instances we found inaccuracies. So even if you are not benchmarking at this point, you may want to verify your basic information before starting the process.

Once our information was forwarded to the benchmarking service, the data came back to us in reports that placed our operations into a benchmark scale with other hospitals. The reports at first were confusing if not impossible to understand. My first step was to request that the data be run against a couple of different criteria. This gave me a better idea of the different comparison group make-ups as well as possible variations in rankings. I found groups such as Biomedical and Project Management had huge shifts in ranking based on what comparison criteria were chosen.

Then there’s the “snow blind” effect of looking at so many measures that they all begin to blur together and lose their meaning. In addition, we had to pay close attention to sample size so that the measure in the comparison group was meaningful. To cut down on the data overload, I used Excel to split off common categories such as paid FTE’s, hours worked, OT used, labor expenses, and other factors into a condensed, readable spreadsheet. Grouping these line items onto a single sheet provided me with a clearer picture and better understanding of what was going on with labor, rather than trying to flip from page to page to compare measures. I also spent time with Finance to make sure I understood what is included or excluded in the numbers, such as FMLA’s (Family Medical Leave Act), PTO (paid time off), etc. in hours reported. We also compared the benchmark data with other internal data sources we have been using, such as FTE counts listed on our monthly budget reports. This initial review of the raw data then started the next phase of questions.

The topic of normalization has become and continues to be an area of debate. This is where each hospital takes hours and costs from one cost center and transfers the data to another cost center, the idea being to group the data from all the different hospitals into a data base in such a way that the information is standardized. So don’t hesitate to identify and clarify which hours and cost are being assigned to which departments.

We found 3.5 FTE’s had been shifted from Environmental Services to Engineering. After a couple of weeks of tracking these hours down and a few phone calls, we finally determined when and why the shift had happened. Although, at this point, the FTE’s are remaining in Engineering, we did discuss the process for making changes in how hours are assigned and how we can try to clarify and quantify these hours.

Last, I strongly recommend that you sell your department’s services annually to senior management with an annual report of what your departments do and what they have achieved. This report can be based on past history to trend costs, service orders completed, improvements to the facility, and background information on staff qualifications. This can be done with a simple PowerPoint presentation that graphs and trends your accomplishments.

Whatever method you choose, be consistent and be ready to digest the data and quantify the services you provide. Don’t panic and good luck.

Partnering With NEHES:
Vendors Provide Valuable Support to the Society and Enjoy Referrals and Networking in Return

Editor’s Note: This is the first in a series of conversations with loyal NEHES vendor supporters. The NEHES Newsletter is asking them about the value and benefits they realize when they partner with NEHES for Spring Seminars and Fall Conferences, and what rewards come from being Supporting Members of the Society.

Headquartered in Hopkinton, MA, Sign Systems Solutions’ wayfinding systems are in healthcare facilities and businesses across the country. The company, a turnkey operation, develops a master wayfinding plan for each client, manufactures external and internal signage and wayfinding systems, and installs all of its products.

“We grow with our clients,” said President/Managing Director Jeffrey Smart. “Our approach is more of a philosophy. We design for looks and to meet codes. We manufacture the signs, install them, and service them.”

Don Garrison, SASHE, the Chief of Facility Management at Franklin Community Health Network in Farmington, Maine, encouraged Rick Cameron, a longtime business associate from Sign System Solutions, to have the company join NEHES in 2004.

“From a personal and professional standpoint, joining NEHES was the best thing we’ve ever done,” Jeffrey said. “It’s been tremendous in terms of references and business. We have a booth at all the shows; we even had one at the ASHE Annual Conference in Boston last year. We’re a huge fan of NEHES. I’m very glad we joined.”

The NEHES Newsletter asked Jeffrey the following questions about his company’s relationship with NEHES.

How did you or someone in your company hear about NEHES? We have known about the association for many years and prefer to develop relationships with industry-specific organizations like NEHES. It is a great way to connect with an audience and an integral part (To Page 6)
Welcome, New Members!

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Partnering with NEHES
(From Page 5)

of our marketing approach.

What was your first NEHES event as an exhibitor and/or sponsor? We started by sponsoring a booth at the annual Spring Seminar four or five years ago and have been a regular supporter ever since. We participate in the annual Fall Conference, support the golf outings, and feel confident that our contributions are always appreciated and well served.

Have you been a NEHES sponsor or primarily an exhibitor? Our products and services are best displayed/demonstrated at the shows as an exhibitor. People like to see our technology in action and be able to see/touch the products.

Why do you like dealing with NEHES members? NEHES members are a good group of people. Our products are designed for the healthcare market and our service program can help facilities manage their sign systems more effectively. Our goal is to have a good business model, offer a valid program, and work with people that we like - NEHES helps us to achieve that.

Do you get to meet the purchasing decision makers at various facilities? The networking NEHES provides is always a direct benefit to our company. Many NEHES members work directly with us to purchase signage and wayfinding systems for their facilities. Even if not a direct decision-maker, NEHES members are often instrumental in supporting our program to the appropriate levels.

Have you made connections with other suppliers during NEHES trade shows? We get to know most of the exhibitors by networking at the trade shows, at social gatherings, and at sponsorship events. We often share our marketing approach, opportunities, and leads with other attendees as they may share with us.

Have the educational offerings at NEHES events been helpful to you? We are always aware of the educational topics at the NEHES events. Our goal is to tailor our products, services, and materials to fit the event. Whether it is Life Safety, Joint Commission, or other specific topics, we bring samples and handout materials related to the program.

Do your exhibits and/or sponsorships lead directly to sales? We have been successful in securing business relationships with many NEHES facilities and generate a significant amount of business courtesy of NEHES members.

What advice would you give to other companies that are considering displaying and/or sponsoring with NEHES or becoming a member of NEHES? Become a member, get involved, and participate in the annual events. It is important to get known among the members, provide a valid product, and maintain an appropriate level of service. NEHES members have a lot on their plates and if you can make their life a little easier (take care of these folks), they will provide the business opportunities.

Would you urge other companies to join NEHES? In fact, we advise some national sponsors to get involved on a regional level. We also urge non-members from our own client hospitals to join and get connected. We understand the dynamic - support the organization and NEHES will support the business partner - but membership is the first step.

Is there anything that NEHES might do differently in interacting with vendors, in your experience? NEHES has done a great job communicating the vendors’ role and the importance to the association. As any vendor would acknowledge, any opportunity to spotlight our respective companies, products, and services is always appreciated.
Welcome, New Members
(From Page 6)

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Active Members: Earn $200 for the Best NEHES Newsletter Article!
The NEHES Board of Directors will award a $200 cash prize for the best newsletter article 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 the Q1 newsletter, the Q2 newsletter, due out in June 2007, and the Q3 newsletter, due out in September 2007. Submit your best entries to dgarrison@fchn.org or to debbiesull@acrr.com.
Chapter Reports

Connecticut Healthcare Engineers Society (CHES)

CHES Engineers Meetings
The CHES Executive Board meeting on January 19, 2007 was held at Griffin Hospital. The next meeting will be held in April/May at Greenwich Hospital. Steve encouraged all to attend.

Chris Bumey recently had a Joint Commission unannounced survey at Hartford Hospital and we had a very lengthy discussion about his experience. Chris provided many key points for all of us to be aware of for our own facilities. The inspectors are expecting someone from the facility to check the Joint Commission website to verify if Joint Commission is coming soon that all necessary paperwork can be ready for the survey. The generator testing was a key issue, and other areas of concern outside of the OOC were pain assessment, hand washing, unauthorized abbreviations, informed consent, and illegible signatures.

CHES Membership
CHES is looking to increase its membership since opening the Society to Safety and Security professionals. A discussion was held concerning the possibility of a joint meeting with the Bio-medical group and having a summer outing instead of the traditional meeting.

Submitted by Ron Hussey, CHFM, Connecticut Representative to NEHES, rhussey@bristolhospital.org

Maine Healthcare Engineers’ Society (MHES)
MHES Meeting March 16, 2007
Attending: Gary Gerow, Randy Hussey, Robert Lord, Bede Wellford, John Thurston, Jim Horan, Milt Dudley, Mike Connolly, Stephen Caron, Jr., Sheila Morris, Rod Bryant, Matt Jacobs, Joey Bard, Jeff Thomas, Roy Williams, Brian DeLong
• Milt started the meeting at 10:30 a.m. He discussed the Fall Conference Planning Agenda
• Dan Thayer welcomed everyone
• John Thurston and Bede Wellford (Thayer Corporation) spoke about renewable energy sources and dehumidification choices that Thayer supplies and installs
• Mike Connolly introduced Rod Bryant and Matt Jacobs from Northeast Coil, Inc. Rod and Matt gave a brief introduction to their company and their services.

The Maine scholarship of $500 was discussed and all agreed that MHES would still present the scholarship, leaving the time and place of the presentation to be chosen with the assistance of Mike Bradstreet.
• Milt reminded everyone of the Spring Seminar on March 23.
• Tentative MHES schedule: April 20: Lincoln, May 18: Bangor, June 15: possible Yacht Club, Joey to check with Ron Vachon and Bob Lord
• Open discussion followed
• Milt discussed an air quality test and reminded all to be sure of pricing and actual testing being performed.
• Randy spoke about a fire in a nursing home and the importance of sprinklers and evacuation maps.
• Joey spoke about a surprise Joint Commission visit at his facility.
• Bob spoke about State Fire Marshals and Federal Inspections.
• Sheila thanked everyone for the flowers and cards.

MHES Meeting
May 18, 2007
Attending: Joey Bard, Mike Connolly, Jeff Thomas, Paul Wagner, Brian DeLong, Roy Williams, Randy Hussey, Robert Lord, Charlie Rizza, Gary Gerow, Tim Street, Carol Tobian
• Lunch
• Carol Tobian from EnerNOC presented
• Gary gave a financial report
• Randy and Bob gave a brief update on Fall Conference
• June meeting to be held at Bailey Island Yacht Club. Bob has made reservations.
• Reminder: dues for MHES are scheduled for January.
• Joey invited attendees to visit Bio Mass plant in Vermont. Thayer Corporation will be taking a van down.
• Joey reminded everyone of the NFPA conference in July, information on State Fire Marshals website.
• Open Discussion
• Roy offered to host the September meeting at Franklin Memorial.
• Bob Lord has officially announced his retirement as of July 25, 2007. We all wish Bob the very best and thank him for all he has done for MHES.

Vermont Healthcare Engineering Society (VHES)
Meeting Report May 11, 2007
VHES held its regular scheduled meeting on Friday, May 11, 2007 at southwestern Vermont Medical Center in Bennington.


The 18 attendees were delighted and enlightened by the joint presentation of these two important codes by two of our very close colleagues, Ray Forrester, P.E., CCE focused on NFPA 99 while Gene Cable, P.E., FPE focused on NFPA 101.

Ray, a long time member and past Chapter President of VHES, is a Clinical Engineer with the Technical Services Program at the University of Vermont. Ray has also worked, and continues to work, with several Vermont-based healthcare organizations, helping them prepare for compliance review inspections as well as with their fire safety training programs.

Gene, a Fire Prevention Engineer, is an active NEHES member and serves as the Society’s NFPA Liaison. Gene has also worked for many years with a number of Vermont healthcare organizations, preparing them for compliance review inspections. Gene is employed by the Department of Veterans Affairs as Regional Safety and Fire Protection Engineer in Albany, NY.

Due to the subject matter and the outstanding opportunity presented by these two great presenters, the presentation continued through lunch with a session of questions and answers.

Following the program/lunch, we went on to our business meeting where the business of the chapter was conducted. Reports were given on upcoming events with VHES, NEHES, and ASHE. The state of the chapter website was discussed, membership was reported to be on the increase, and help was requested to continue the growth/strength we are experiencing as a chapter.

(To Page 9)
Chapter News
(From Page 8)

Our next meeting will be moved to Friday, July 20 because of the number of members who will be attending the ASHE Annual Conference in New Orleans and not returning in time to make the previously scheduled July 13 meeting. The July 20 meeting will be hosted by Northwestern Vermont Regional Hospital, St. Albans, where the educational component will be CHFM exam preparation.

Meeting Report March 9, 2007
VHES held its regular scheduled meeting on Friday, March 9, 2007 at Springfield Hospital in Springfield, Vermont.

The educational component of our meeting consisted of a presentation dealing with the subject of Integrated Security Systems.

Andy Abramowicz and Bob Phelps discussed physical security applications for healthcare environments, which integrate CCTV, access control, and alarm systems. Specific subjects included software platforms, analog and IP camera systems, access control, systems, door hardware, and guard tour applications.

Andy Abramowicz is the New England Honeywell Access Regional Sales Manager. He has had extensive background in access control systems development and design. Andy has over 20 years’ experience in the industry. He has also managed the access control systems for a global “biopharma” company.

Bob Phelps is the sales and design representative for Tasco Security, an area security company. Bob has been in the industry for more than 20 years. He owned and operated a successful lock and safe company where he designed and installed physical locking systems. Bob has been on the electronic side of security for the last 10 years, designing, selling, and installing camera, access control, fire alarm, and burglary systems. His field of work includes hospitals, educational facilities, banks, industrial complexes, police and fire headquarters, and utility companies.

Our educational session was followed by lunch and our business meeting. Our Secretary/Treasurer reports were accepted as presented. Chapter President Mark Blanchard reported that our chapter is well and that our new website continues to grow. Mark reminded members of the upcoming NEHES Spring Seminar in Leominster, Mass., on Friday, March 23.

Our next meeting is scheduled for Friday, May 11, 2007 at Southwestern Vermont Medical Center in Bennington. The educational component will be a review of NFPA 99 and 101, presented by Gene Cable, P.E. and Ray Forsell, P.E.

Submitted by R. Brian Sallisky, CHFM, VHES Representative to NEHES, RBS@phin.org

New CHFM Works in Boston
Allen M. Croteau, CHFM, the Director of Maintenance and Operations at Dana-Farber Cancer Institute in Boston, is the latest NEHES member to earn the Certified Healthcare Facility Manager designation.

Allen is responsible for the operations of 1.5 million square feet of cancer care and research facilities and is a member of NEHES and ASHE.

He decided to pursue the certification to “learn where my knowledge was strong and weak in health care.”

He prepared for the exam using the online self-assessment tool, which provides an overview of the contents of the exam, and relied on his years of on-the-job experience.

The American Hospital Association Certification Center (AHA-CC) conducts the CHFM program with collaboration from ASHE and others. More than 500 U.S. facility managers have the CHFM designation. For more information, see http://www.aha.org/aha/Certification-Center/CHFM/index.html.

How to Get FREE NEHES Dues!
To encourage Active (non-Supporting) NEHES members to 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?
NEHES Members: Look at the label on your most recent issue of The NEHES Newsletter. Is it time to renew your NEHES membership? If you have misplaced your dues renewal letter,
• Go to http://www.nehes.org/index.php?SID=5848252&act=pub-join
• Print the membership application
• Circle “Renewal”
• Send your check or credit card payment along with the application/ renewal to the address at the bottom of the application.
NEHES Spring Seminar Presenters Brought Attendees “Back to Basics” in Safety and Preparedness

Nearly 100 facility managers met March 23 at the Sheraton Four Points Hotel and Conference Center in Leominster, Massachusetts for the annual NEHES Spring Seminar.

Speakers were Gene Cable, P.E., FPE, Regional Safety and Fire Protection Engineer, Department of Veterans Affairs, Albany, NY, and NEHES Liaison to NFPA; Richard D. Hermans, P.E., the Senior Project Manager at the Center for Energy and Environment in Minneapolis, and Mark Hilbert, Senior Electrical Inspector of the State of New Hampshire.

Members of the New Hampshire Society of Healthcare Engineers organized the Seminar. Seminar Chair was Dave Dagenais, CHFM, CHSP, Plant Operations Manager/Safety Officer, Wentworth-Douglass Hospital in Dover, NH.

The American Hospital Association, through ASHE, granted .55 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 the renewal of CHFM certification every three years.

The 2008 NEHES Spring Seminar will be held March 21, 2008 at the Sheraton Four Points Hotel and Conference Center in Leominster, Massachusetts. Organizers will be members of the Vermont Healthcare Engineers Society.

See Spring Seminar Photos by Don Garrison, SASHE, and Fred Leffingwell, CHFM on the NEHES website, www.nehes.org

Thanks to the Spring Seminar Vendor Partners:

- Cochrane Ventilation, Inc.
- Gale Associates, Inc.
- Victaulic, Northeast Engineering Specialist
- WTH Healthcare Networks
- William A. Berry & Son
- Bay State Anesthesia
- Barclay Water Management, Inc.
- Fitzemeyer & Tocci Associates, Inc.
- Modular Services Company
- MCMUSA, LLC

Meals
- Technology in Medicine, Inc.
- DiGiorgio Associates, Inc.

Books
- MorrisSwitzer-Environments for Health
- Mitchell Architectural Group
- Secure Care Products, Inc.
- George T. Wilkinson Co., Inc.

Buy NEHES Promotional Items for Yourself, Colleagues, or Staff!

Promote NEHES by wearing or carrying items bearing the NEHES logo. Longtime NEHES Member George Hawley wants to let members know that they can go to www.nesclothing.com, select the item or items they want to buy, and contact George at (978)667-6008 for a price quote for the item(s) with the NEHES logo added. He will need the style number(s) from the NES Clothing Company website.

Items available for purchase include clothing for men, women, and children, towels, aprons, hats, and many different styles of tote bags and brief bags.

These photos are samples of the many items that can be purchased and embroidered with the NEHES logo.

George, in his 45th year as a healthcare engineer, is the Regional Director of Engineering at Hebrew Senior Life in Randolph, MA.

Don’t Forget to Vote For an Engineer of the Year!
Joint Commission surveyors have recently visited several New England facilities. Read what some NEHES members have to say about their experiences.

**Facility: Northern Maine Medical Center, Fort Kent, Maine**
**NEHES member: Joey Bard, Director of Facilities Management**

We had a surprise visit from the Joint Commission on February 26. Believe it or not, of the three inspections I’ve had, this was the most enjoyable. The inspectors were friendly and less authoritative than ones I’ve experienced in the past.

The building tour was pretty much standard. I got the doctor and he wanted to travel down two fire stairwells from the highest point in the building to a clear discharge path outside. He physically wanted to see generator and sprinkler pump running logs. He randomly checked for penetrations in fire walls.

The document review was also par for the course, although he did look a little harder at our most recent Hazard Vulnerability Assessment with regards to Emergency Preparedness. He checked fire drill documentation and extinguisher inspections. He looked at our Safety Manual and monthly EOC committee meeting minutes. He noticed that one of our members, a doctor, was absent from many of our meetings. He suggested that we replace him with someone who could take a more active role in the committee.

The only thing that blind-sided me was his request for competency testing documentation for my maintenance crew. I didn’t have that. He said it wasn’t enough that the crew employees all had documented training for Hazmat, Back Safety, Confidentiality, Life Safety, etc. He said that we needed to have something in place to document their utilizing this training properly in their work. We now observe and document this as part of the employees’ annual job evaluations. So that sums up our last inspection. Overall, it was constructive and enjoyable and I wish all my counterparts as good an experience with their inspections in the future.

**Facility: Lawrence & Memorial Hospital, New London, Connecticut**
**NEHES Member: Fred Leffingwell, CHFM, Director, Facilities Planning & Management**

I just went into our survey (May 8) and spent the day with the Life Safety surveyor. Areas of interest were:

- Door gaps
- Stairwells and exit discharges
- Extinguishers
- Lab chemical storage
- O2 bulk storage
- Generator rooms.

He provided me with a standard list of Life Safety documents/files/checks that the Joint Commission has standards for that he wanted to review -- fire pump testing, generator testing, riser pipe, flow, etc.

He looked at my outstanding open list of PFEs, which have completion dates assigned, to verify that I had not passed those established deadlines.

In addition, he was interested in top level elevator lobbies, if that was not a place where visitors or patients should be. He wrote it up as a safety issue that these types of "out of the way" locations should be restricted to authorized staff only.

All in all, he was very professional and knowledgeable. If I could state code exceptions, he would move on. It all went very smooth with only minor concerns.

**Facility: Anonymous**
**NEHES Member: Anonymous**

My first day with the Life Safety Surveyor was challenging. He was very thorough. He went in detail back through a full three years of all testing records, fire pump, generators, fire alarm, med gas, etc. (Sometimes having things well organized may not be a good thing.)

He looked at roof debris, penetrations, door closings, kitchen hood, and stairwell exit discharge. He interviewed staff about fire response and, in particular, asked about staff education regarding ILSMs (Life Safety Fire Drills).

Clutter is, of course, a major theme from all the surveyors.

He was adamant about having the local Fire Marshall letter that discussed not needing standpipe fire hoses.

The surveyor’s knowledge and experience were good. I was able to successfully challenge him on a couple of issues but not all. He was a bit nit-picky, almost as if he needed to find something. He found and cited two penetrations.

He found one fire door with a closing issue and a turned exit sign. Two possible reasons contributing to his persistence might be that 1) Joint Commission staff member was shadowing him and 2) we had a difficult CMS Validation Survey about 18 months ago.

The initial feedback on the rest of our EOC plans from the administrative surveyor sounds good. He will probably recommend some improvements to our annual reviews during the EOC Session tomorrow.

I have one major issue that came out of the survey that will take a while to resolve. It has to do with ILSM education.
Advocacy has long been important to NEHES members, and Steve Jalowiec, P.E., is the latest facility manager to take responsibility for this important mission. Don Garrison, SASHE, and Ron Vachon, SASHE, have also served as volunteer advocates.

Steve, the Director of Engineering at Waterbury Hospital, Waterbury, Connecticut, is a NEHES Board member, serving as Secretary of the Society, and he is also a member of ASHE. He explained why he accepted the Advocacy position.

"The short answer is that it gives me a chance to make changes to regulatory issues which may have an impact on healthcare facilities without providing any major public benefit. Hospitals are already highly regulated. I expect to act more as a coordinator in the role, tapping other NEHES members for their own areas of expertise or interests. For example, Dave Dagenais, Eugene Cable, and Peter Leszczyk all sit on various NFPA committees.

"We also have a couple of members who are active on the AIA Guidelines, Bob Loranger and Chris Burney. Currently I am working with EPA Region 1 (Janet Bowen) and the Connecticut Department of Environmental Protection staff to clarify and pursue changes to the regulatory requirements hitting hospitals as a result of P-Listed (Acutely Hazardous) and U-Listed (Toxic) wastes."

NEHES President Kevin Keating and Ron, the ASHE Region 1 Director, thought Steve was a logical choice for the Advocacy role. "It primarily involves Chapter Advocacy, to communicate issues that our members have concerning OSHA, EPA, CDC, ASHE, and others," Ron said. "I know that Steve is passionate about issues and I thought, who better to serve in this role? Steve has been active in advocacy discussions at many Board meetings, bringing up and contributing to discussions of pharmaceutical waste, P-Listed waste, USP issues, and Joint Commission."

Contact Steve regarding any ideas you may have for advocacy issues by phone, (203)573-7197 or by email, sjalowiec@wbyhosp.org.


The Health Guidelines Revision Committee (HGRC), with the support of the Facility Guidelines Institute (FGI) and the American Institute of Architects (AIA), seeks proposals from the public until September 30, 2007 for the development of the 2010 edition of the Guidelines for Design and Construction of Health Care Facilities.

The HGRC is addressing patient- and staff-related building design and construction issues such as:
- Use of patient lift devices
- Imaging technologies used in operating rooms
- Bariatric accommodations
- Sound design and vibration in healthcare environments
- Single-bed rooms beyond medical/surgical and obstetric facilities
- Environment of Care
- Infection control
- Healthcare facility engineering.

Sections of the book scheduled for updating include the chapter on small hospitals (new in the 2006 edition of the Guidelines) and sections on imaging, emergency, obstetric, and psychiatric facilities in both the hospital and ambulatory care parts of the book. As follow-up to the expansion of the outpatient facility material in the 2006 edition, chapters on free-standing urgent care, office surgical, renal dialysis, and endoscopy facilities, among others, will be carefully reviewed.

First Comment Deadline: September 30, 2007

Any member of the public may propose changes on these topics or any others by visiting the FGI Web site at www.fgiguide.org. The "Changes to Guidelines" link will lead visitors to the "Proposals and Comments" page, where they can register to make proposals. Each proposal must be accompanied by a justification or rationale explaining why it should be considered.

Registered users of the proposal site will be able to view proposals made by others. Following the period for making proposals, the HGRC will convene to consider all proposals that have been received.

Second Comment Deadline: September 30, 2008

The second public opportunity to participate in the Guidelines revision process will come with publication of the draft 2010 edition and the report showing how the proposals were addressed. A public comment period will be held from May 15 to September 30, 2008, during which any member of the public may submit written comments on any proposed change to the 2006 edition. Comments may be made by anyone in writing (preferably using the proposal and comment page of the FGI Web site), and must include justification and contact information.

The HGRC will convene another meeting to address all comments received. Subsequently, the final draft of the 2010 edition of the Guidelines for Design and Construction of Health Care Facilities will be available for limited public access before publication. The HGRC will review the final manuscript and vote on whether to accept it. Once the ballot has been completed, the AIA will publish the 2010 edition.


CMS and the Joint Commission Define Installation Criteria of Alcohol-Based Hand Rub Dispensers

While CMS and the Joint Commission are both permitting the installation of alcohol-based hand-rubs (ABHR) in egress corridors of healthcare facilities in accordance with NFPA's Life Safety Code, there have been numerous questions raised about the placement of the dispensers near electrical outlets and switches. This alert specifically relates to clarification of the term "adjacent" when placing dispensers near these electrical devices.

The Issue

In writing the ABHR Tentative Interim Amendment (TIA) for the NFPA's 2000 edition of the Life Safety Code and subsequently the language in the 2006 edition of LSC, the drafters of the language were very clear in their intent to use a term that specifically
By Ron Vachon, SASHE
Director of Facilities Management
St. Andrews Hospital and Healthcare
Boothbay Harbor, ME, ASHE Region 1 Director

Greetings to all NEHES members and friends. Now that the harsh winds and cold weather have subsided, we can look forward to our spectacular New England summer weather. Our hospital was very busy with spring snowstorms and hurricane force winds in April. I, for one, am glad this is behind us.

On February 23-24, 2007, I had the honor of representing Region 1 at the ASHE Board of Directors meeting in San Antonio. The following are highlights from that meeting.

I. Strategic Plan
Under the leadership of President Leo Gebrin, we embarked on the spectacular new strategic plan for 2007-2009 strategic plan. The plan consists of five major goals:
- Improving customer service
- Member loyalty and growth
- Engaging stakeholders to shape the healthcare environment
- Increasing organizational capacity
- Enhancing external relationships.

Detailed information about the strategic plan, including the specific objectives to meet each goal, can be found on the ASHE website at http://www.ashe.org/ashe/products/pubs/pdfs/2007strategicplan.pdf

II. CHFM Update
The ASHE Board has opted to look at the Certified Healthcare Facility Manager (CHFM) process as the model for outstanding customer service. Already in its sixth year, there is a huge untapped potential for more members to achieve certification.

To address the offering of fundamental and training programs, the Board has formed an Ad Hoc task force to look at all aspects of the CHFM program from education opportunities to assessment of its perceived value by those making hiring decisions.

To address the issue of decreasing barriers to achieve certification, the Board voted to award 120 complimentary registrations to CHFM candidates so they can register with a cost to themselves or their facility. Some registrations will be given away at the ASHE Annual Conference to attendees wishing to take the CHFM exam during the conference; the rest have been given to 2005 Chapter Level of Affiliation award-winning chapters.

III. Member Loyalty
Member loyalty is created when folks feel a sense of community and share interests and challenges. We are committed to a renewed effort to fully understand those interests and challenges and are taking the following initiatives:
- Reviewing all ASHE products and services to ensure that we are meeting the needs of members and providing the highest quality, most up-to-date information and materials.
- Assisting members to grow throughout their professional careers by establishing an educational foundation to offer scholarships and educational awards providing members with access to education.
- Building an “advocacy highway” from ASHE to each chapter by developing a communication network. This would allow local issues to more quickly gain national attention and allow chapters to become more engaged in setting national policies and actions in the codes and standards arena. This improved communication across the “highway” will also facilitate discussion on areas where we may shape and improve the healing environment.
- Reaching out and engaging all stakeholders to enable us to convene national discussions on pressing issues and better prioritize our resources into areas that make the most difference.

IV. ASHE Staff Update
To help identify issues and lead discussions to outcomes, ASHE welcomes:
- Douglas Erickson, FASHE, back to the ASHE staff as Director of Research and Development. Doug’s entire professional career has been dedicated to reducing unnecessary regulatory burden while seeking proven methods and strategies that truly improve care. We are fortunate to have him back working for us every day.
- Jacqueline White, who has joined the ASHE staff as the Educational Manager. Her extensive background in adult education and e-learning will provide an outstanding platform for development of timely, relevant, and more easily accessible educational programs.

All of these efforts are focused on improving the healing environment, one member at a time.

Remember that the ASHE Annual Conference is coming. The theme is “Survival to Revival: Building Tomorrow’s Healthcare Environment Today.” I hope to see many of you July 8-11, 2007 at the Ernest N. Morial Convention Center, Marriott New Orleans in New Orleans.

Regulatory Advisory
(From Page 2)

meant “near or close” to an electrical outlet or switch and not to generate a specific dimension of measurement from the dispenser to the electrical device.

This decision was based on the facts presented in the computer modeling, knowledge of the manner in which the ABHR off-gases, and the expert opinion of those professionals writing the Code. The objective of the language was to prohibit installing dispensers where they are touching or nearly touching an electrical device.

As the TIA is being applied in the field, surveyors and state officials have been requesting a precise hard-fast measurement to apply in determining compliance with the requirement of “shall not be directly adjacent to.”

The NFPA’s Technical Committee on Health Care Occupancies has recently reinforced its position of not wanting to set an arbitrary measurement from the dispenser to an electrical switch or device, as there is no science to support any measurement other than the current language.

Go to http://www.ashe.org/ashe/codes/advisories/pdfs/abhr070321.pdf for the complete Advisory.

Courtesy ASHE March 22, 2007

International Fire Code Okays ABHR
On May 25 the International Code Council (ICC) approved a revision to the International Fire Code (IFC) allowing aerosol alcohol-based hand rubs in hospital corridors. This revision paves the way for state and local jurisdictions that had previously prohibited the use of aerosol ABHR to now allow their usage. The IFC revision limits the use of aerosol ABHR to: 1) Level 1 aerosol dispensers with a maximum quantity of 18 ounces, and 2) 10 gallons (1135 ounces) total maximum quantity of ABHR (liquid or aerosol) in a corridor per control area (smoke compartment). To view the ASHE Regulatory Advisory on this most recent action, go to http://www.ashe.org/ashe/codes/handrub/index.html.
News Items for Busy Facility Managers

All items courtesy ASH*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 of The Thompson Group, Fire, Life Safety, and Safety Consulting, and NEHES Liaison for Joint Commission; BobAtTGG@comcast.net.

Due Date for E-SOC is Extended

The Joint Commission has extended the compliance date to September 1, 2007 for converting existing Life Safety Code deficiencies into electronic Plans for Improvement (e-PFI) for all organizations. This applies to Life Safety Code deficiencies with a projected completion date after September 1, 2007. Although the process for directly entering deficiencies into the electronic Statements of Conditions (e-SOC) is currently available, the Joint Commission is working on a solution for importing an organization's existing electronic format(s) into a format that will accurately populate the e-PFI database. This import tool is anticipated to be available in the third quarter of 2007. The Joint Commission expects to provide specific, easily understandable instructions for users to modify an existing Microsoft Excel spreadsheet so it can be turned into the Joint Commission e-PFI database. All other databases will need to first be converted to Microsoft Excel (.xls) to work with the import program. Organizations that have maintained only hard copies of their Plans for Improvement or have a database that cannot be converted to Microsoft Excel will need to manually enter their PFI data into the e-SOC by September 1, 2007.

In 2004, the Joint Commission announced that the Statement of Conditions process would migrate to an electronic version effective January 1, 2007. Since August 2005, the e-SOC has been available to organizations via the Joint Commission extranet to allow ample time to migrate from the existing paper process to an electronic process. Part 2 of the e-SOC is the Electronic Basic Building Information (BBI) and Part 4 is the e-PFI.

Cauterizing Pen Causes Fire

An official investigation determined that the likely cause of the fire at a hospital on March 9, 2007 was a battery powered cauterizing pen. Apparently the item was disposed of in the "sharps container" after it was used, and sometime later the contents of the container shifted, which activated the disposed device. A review of other "sharps containers" found another cauterizing pen in another container. It is important to review protocols on how to best dispose of battery powered cauterizing pen devices. The estimated damage to the facility was $135,000.

Scope of LSC Specialist Expands

The Joint Commission announced in the January 2007 Joint Commission Perspectives that effective January 1, 2008, the Joint Commission will expand the scope of the Life Safety Code Specialist to include:

* Adding a Life Safety Code Specialist to the survey team for one day for all critical access hospital and hospital surveys
* For hospitals and critical access hospitals with more than 750,000 square feet, the Life Safety Code Specialist surveys will be extended from one day to two days in 2008.

ASHE encourages hospitals to design, build, and maintain their facilities to protect patients, visitors, and staff from fire, smoke, and products of combustion. The process of evaluating and maintaining features of fire protection, fire suppression, and alarm systems should be systematic and ongoing, and not based on when and what type of inspection will take place. Go to http://www.ashe.org/ashe/codes/advisories/pdfs/advisorylifeasafety.pdf for the complete ASHE Advisory.

Be a Part of the Process

Be a part of this great organization and help steer ASHE down the Roadmap to Excellence! Help shape the future of ASHE and the healthcare facilities management profession! Share your expertise and knowledge! If you are interested in volunteering to be on an ASHE committee or task force, please complete the Volunteer Resume at http://www.ashe.org/ashe/aboutcommittees/pdfs/volunteerresume.pdf and return it as indicated on the form. The selection process for 2008 committees has already begun.

Revised Emergency Management Standards

Effective January 1, 2008, the emergency management standards (EC.4.10 and EC.4.20) for hospitals, critical access hospitals, and long term care facilities have been revised to reflect an "all-hazards" approach to emergency preparedness that permits appropriately flexible and effective responses. The revised standards emphasize a "scalable" approach that can help manage the variety, intensity, and duration of the disasters that can affect a single organization, multiple organizations, or an entire community. They also stress the importance of planning and testing response plans for emergencies during conditions when the local community cannot support the healthcare organization. The proposed revisions were vetted for field comment in January; responses were received from 397 hospitals, 66 critical access hospitals, and 18 long term care organizations. In addition, interviews were conducted with selected organizations in order to fully understand the impact that the proposed requirements would have on them. Based on this input, changes were made to the proposed revised standards, specifically in relation to concerns about organizations' ability to comply with some requirements. In addition, some expectations were clarified and some redundant and overly prescriptive expectations were eliminated. For more information, go to http://www.1.va.gov/emshg/page.cfm?page=22

Help with Emergency Response Planning

The Agency for Healthcare Research and Quality has released a hospital preparedness questionnaire that is designed to allow hospitals to collect information on how well prepared they are to deal with a public health emergency involving a chemical, biological, radiological, nuclear, and explosive event. Preparedness for Chemical, Biological, Radiological, Nuclear, and Explosive (CBRNE) Events: Questionnaire for Health Care Facilities, is a Web-based, downloadable questionnaire. AHRQ is not administering this questionnaire and will not be collecting data compiled from it. It is a vehicle for hospitals and healthcare facilities to administer at their discretion. The questionnaire was designed to be downloaded and administered by two types of users: a) States, localities, and multi-hospital systems, which can administer the questionnaire to hospitals and healthcare facilities in their jurisdictions to assess overall hospital emergency preparedness; and b) individual hospitals or healthcare facilities to serve as a checklist of areas that should be considered as a facility develops or improves emergency preparedness and response plans. This is the product of a collaborative effort between AHRQ and the Health Resources and Services Administration. Go to http://www.ahrq.gov/prep/chrne/chrnec respondent.pdf to download the questionnaire.

Memorandum on Door Gaps

On April 20, 2007, the Center for Medicaid and State Operation/Survey and Certification Group released a memorandum to clarify the requirements for door gaps in the 2000 edition of the Life Safety Code. The following is a summary of that memorandum:

* In a smoke compartment that is not fully sprinklered, a gap between the face of a corridor door and the door stop should not exceed ¾-inch, provided that the door latch mechanism is functioning.
* In a smoke compartment that is fully sprinklered, a gap between the face of a corridor door and the door stop should not exceed ½-inch, provided that the door latch mechanism is functioning.

Go to http://www.cms.hhs.gov/SurveyCertificationGenInfo/downloads/SCLetter07-18.pdf for the complete memorandum (Ref: S&C-07-18) that includes a number of questions and answers reflecting the recommendations of the NFPA Health (To Page 5)
News Items
(From Page 4)

Interpretation Task Force Door Gap Task Group. The information contained in this memorandum is current policy and applies to all healthcare facilities.

OSHA And NIOSH Jointly Publish Bulletin to Help Protect Surgical Personnel from Needle Stick Injuries
On April 11, 2007, the U.S. Department of Labor's Occupational Safety and Health Administration (OSHA) and the National Institute for Occupational Safety and Health (NIOSH) in the U.S. Centers for Disease Control and Prevention jointly published a Safety and Health Information Bulletin (SHIB) designed to help protect surgical personnel from needle stick injuries while using suture needles. For more information go to http://www.cdc.gov/niosh/updates/upd-04-12-07.html.

2007 Edition of NFPA 1600 Available at No Cost...Standard on Disaster/Emergency Management and Business Continuity Programs
Download the 2007 edition of the National Fire Protection Association (NFPA) Standard on Disaster/Emergency Management and Business Continuity Programs for free by going to http://www.nfpa.org/ItemDetail.asp?categoryID=1291&itemID=29996&URL=Research%20%26%20Reports%20%26%20frac%20%20sheets/Homeland%20Security/Download%20NFPA%201600. The standard establishes a common set of criteria that sets a foundation for disaster management, emergency management, and business continuity programs using a total program approach. Organizations and parties responsible for developing such programs will benefit from information on emergency management, prevention, mitigation, preparedness, response, recovery, and business continuity.

Ask ASHE:
Question: We are building a new building that will be considered a business occupancy. I know that in Healthcare Occupancies there are specific requirements for areas that are considered Hazardous Areas. Are there similar requirements for business occupancies?
Response: The 2000 Edition of NFPA 101, Chapter 38, New Business Occupancies states the following:
38.3.2.1 "Hazardous areas including but not limited to areas used for general storage, boiler or furnace rooms, and maintenance shops that include woodworking and painting areas shall be protected in accordance with Section 8.4."
8.4 states that: "Protection from any area having a degree of hazard greater than that normal to the general occupancy of the building shall be provided by one of the following means:
(1) Enclose the area with a fire barrier without windows that has a 1-hour fire resistance rating in accordance with Section 2.
(2) Protect the area with automatic extinguishing systems in accordance with Section 9.2."
(3) Apply both 8.4.1.1 (1) and (2) where the hazard is severe or is otherwise specified in Chapters 12 through 42."
The determination as to what constitutes a hazardous area is open to interpretation by Authorities Having Jurisdiction. Areas other than those prescribed may be considered hazardous areas based on the contents or functions provided in the area.

Question: What standard explains the use of Interim Life Safety Measures?
Response: Interim Life Safety Measures and their application are explained in the Joint Commission Environment of Care Standards, EC 5.50.

Question: Are portable space heaters allowed to be used in patient rooms?
Response: The Life Safety Code makes specific reference to the use of portable space heaters in healthcare occupancies. The 2000 Edition of the Life Safety Code, Chapter 19, Existing Healthcare Occupancies has the following reference: "19.7.8 Portable Space-Heating Devices Portable space-heating devices shall be prohibited in all healthcare occupancies. Exception: Portable space-heating devices shall be permitted to be used in non-sleeping staff and employee areas where the heating element of such devices do not exceed 212° F (100° C)."
The same statement is made in Chapter 18, New Healthcare Occupancies 18.7.8. Based on this, portable space heaters are not allowed in patient rooms.

Question: Where can I find code requirements for the load switching when paralleled emergency generators are used?
Response: The 2005 Edition of NFPA 110 has the following requirement for load switching when two or more generator sets are paralleled:
"6.3 Load Switching (Load Shedding). When two or more engine generator sets are paralleled for emergency power, the paralleled system shall be arranged to inhibit connection of EPS-damaging loads.
6.3.1 Each transfer switch shall have a continuous current rating and interrupting rating for all classes of loads to be served.
6.3.2 The transfer switch shall be capable of withstanding the available fault current at the point of installation.
6.3.3 The transfer of loads to the EPS shall be sequenced as follows:
(1) First-priority loads shall be switched to the emergency bus upon sensing the availability of emergency power on the bus.
(2) Each time an additional engine generator set is connected to the bus, a remaining load shall be connected in order of priority until all emergency loads are connected to the bus.
(3) The system shall be designed so that, upon failure of one or more engine generator sets, the load is automatically reduced, starting with the load of least priority and proceeding in ascending priority, so that the last load affected is the highest-priority load."

Question: What standard explains the use of Interim Life Safety Measures?
Response: Interim Life Safety Measures and their application are explained in the Joint Commission Environment of Care Standards, EC 5.50.

Question: Are Dutch doors allowed in a corridor wall of an existing hospital?
Response: The 2000 Edition of the NFPA 101, Chapter 19, Existing Healthcare Occupancies 19.3.6.3.6, Corridor Doors, states that: "Dutch doors shall be permitted where they conform to 19.3.6.3. In addition, both the upper leaf and the lower leaf shall be equipped with a latching device and the meeting edges of the upper and lower leaves shall be equipped with an astragal, a rabbot, or a bevel. Dutch doors protecting openings in enclosures around hazardous areas shall comply with NFPA 80, Standard for Fire Doors and Fire Windows."

If the door is in a wall that is part of a smoke barrier which divides the space into smoke compartments, or is in a fire barrier such as a rated horizontal exit, then the door must have the proper rating for the type of wall it is in and meet the requirements of NFPA 80. (In certain applications, there are some exceptions to the requirements for "standard fire doors." - Robert J. Thompson)

Question: If automated medication dispensing systems are used, are sinks required in medication rooms?
Response: The 2006 Guidelines for the Design and Construction of Healthcare Facilities address medication stations and the use of medication dispensing units. Following are references for section 2.1, which is the section of the Guidelines that pertain to Hospitals: 2.1 - 2.3.4 Medication Station 2.3.4.1 Medicine preparation room
(2) This room shall contain a counter, a hand washing station, a lockable refrigerator, and locked storage for controlled drugs.

(To Page 6)
ASHE Advocacy Moves Ahead on Five Issues Critical to Healthcare Facilities

ASHE and Region 1 Director Ron Vachon, SASHE, have listed the issues that ASHE’s Advocacy committee will concentrate on this year:

1. Patient lifts – ASHE is working with the AHA and monitoring the action related to HR 378. To date there has not been much activity within the federal government to mandate zero lift policies for direct caregivers. The Guidelines for Design and Construction of Health Care Facilities and other organizations are looking at this evolving trend in health care to add standards for consistency in installation of lift devices.

2. Isolated Power/Wet Location – With the rewrite of NFPA 99 underway, this issue will receive significant attention. Members of the American Society for Anesthesiologists are convinced that a high number of procedures in operating rooms should be classified as wet procedures and IPS should be installed. Others who have studied this issue for decades are of the opinion that there are very few wet procedures any longer and therefore the need for IPS is minimal at best. Walter Vernon of Mazzetti and Associates in cooperation with Kaiser has written a white paper on IPS and has made a recommendation that IPS not be installed in any Kaiser hospital.

3. Emergency generators – Emergency generators continue to be discussed at the NFPA and the Joint Commission. The formal interpretation requested by ASHE and the Joint Commission was not issued because the Technical Correlating Committee of the National Electrical Code thought the questions were leading. The Joint Commission has taken the action of the NFPA 110 Technical Committee which was to permit the combination of the load bank and extended tests.

4. ICC/NFPA Life Safety Code Firewalls & Dampers Coordination – Dampers and smoke/fire walls continues to plague our membership. ASHE is working with the ICC and NFPA to better define where these walls and devices are necessary. ASHE has a work group of the advocacy committee writing up a white paper for distribution to the design community, fire marshals, and ASHE membership. We are hoping to get the buy-in of these organizations so this paper becomes the “official” interpretation of what is needed where.

5. Emergency Circuit Selectivity – A proposal was approved by the NFPA membership to add a new requirement in the National Electrical Code to mandate the instantaneous trip selectivity of overcurrent devices. The proposal submitted to NFPA was as follows:

News Items
(From Page 5)

(3) When a medicine preparation room is to be used to store one or more self-contained medicine dispensing units, the room shall be designed with adequate space to prepare medicines with the self-contained medicine-dispensing unit(s) present.

2.3.4.2 Self-contained medicine-dispensing unit

(2) Location of self-contained medicine-dispensing unit shall be permitted in the clean workroom or in an alcove provided the unit has adequate security for controlled drugs and adequate lighting to easily identify drugs.

(3) Convenient access to hand-washing stations shall be provided. (Standard cup sinks provided in many self-contained units are not adequate for hand washing.)

Based on 2.3.4.2, there still needs to be convenient access to hand-washing sinks when the medication systems are used.

Question: Are there any code requirements to have a sink in a soiled utility room?

The following references are in the hospital section, 2.1

"2.3.8.1 Soiled workrooms. These shall contain the following:
A clinical sink (or equivalent rim-flushing fixture) and a hand washing station. Both fixtures shall have a hot and cold mixing faucet.

2.3.8.2 Soiled holding rooms. Omission of the clinical sink and counter shall be permitted in rooms used only for temporary holding of soiled material."

Since omission of the hand washing station is not stated, it is implied that the hand-washing sink is still required in a soiled holding room.

Question: What size of mesh is required in patient privacy curtains in rooms that have sprinklers?
Response: Cubicle curtains are to meet the requirements of NFPA 13, Standard for the Installation of Sprinkler Systems. NFPA 101 provides further guidance. One of the options listed in the 2000 Edition of NFPA 101, Appendix A18.3.5.5 is to use cubicle curtains that have a 1/2-inch (1.3 cm) diagonal mesh or a 70 percent open weave that extends 18 inches below the sprinkler deflector. A18.3.5.5 pertains to New Healthcare Occupancies. A19.3.5.5 contains identical language and pertains to Existing Healthcare Occupancies.

Question: I know that during a fire or emergency, hospitals plan to defend in place. But under extreme circumstances they may have to evacuate. Is there a code or standard that requires a written evacuation plan?
Response: There is a specific requirement for evacuation plans in the Joint Commission Environment of Care Standards. EC 4.10.3 states: “The hospital develops and maintains a written emergency management plan describing the process for disaster readiness and emergency management and implements it when appropriate.” EC 4.10.12 specifically addresses the evacuation plan: “The plan provides processes for evacuating the entire building (both horizontally and, when applicable, vertically) when the environment can not support adequate care, treatment, and services.”
The 2006 NEHES Engineer of the Year will be recognized during the NEHES Fall Conference at the Annual Banquet Tuesday, October 2, 2007 at the Holiday Inn by the Bay in Portland, ME.

NEHES members have nominated three outstanding candidates for this prestigious award. Each has responded to a series of questions prepared by Joe Mona, the 2005 Engineer of the Year and Chair of the 2006 Engineer-of-the-Year Committee. Please review the responses and vote for the nominee of your choice on the ballot inserted into this newsletter by August 15!

This year’s nominees are:

**David A. Dagenais, CHFM, CHSP**
Plant Operations Manager/Safety Officer Wentworth-Douglass Hospital Dover, NH

**John P. Durges**
Facilities Manager St. Luke’s Hospital New Bedford, MA

**Robert H. Lord**
Plant Operations Director Parkview Adventist Medical Center Brunswick, ME

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**David Dagenais, CHFM, CHSP**
Wentworth-Douglass Hospital, Dover, NH
Number of years in NEHES: 9
Number of years in healthcare engineering: 15

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**Describe your contributions to NEHES in 2006:**
- Held the position of Vice President of the New Hampshire Society of Healthcare Engineers
- NH group offered 10.5 hours of education to its members, which was crucial in assisting NEHES to achieve their excellent platinum status for 2006
- The NH group also helped to increase NEHES membership with the implementation of a reduced membership rate, which covered dues for both the state chapter and NEHES
- Served as the NH representative on the NEHES Board
- Attended full planning retreat in Portland
- Accepted the appointment of the 2007 Spring Conference Chair
- Attended all Board meetings and functions in 2006
- Assisted with both Spring and Fall conferences

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**Describe your contributions to NEHES prior to 2006:**
- Held the Secretary/Treasurer position at the NH level
- Worked closely with the NH rep to meet and obtain the goals of NEHES
- Attended fall planning retreat in Westport, MA
- Promoted membership to NEHES by assisting with the development of a NH chapter sponsorship.
- Promoted CHFM status by providing educational sessions

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**Describe your contributions and/or service to fellow healthcare engineers and exemplary performance in healthcare engineering on a local, state, or national level during 2006:**
- Provided educational sessions to engineers from hospitals, nursing homes, and contract services through the local NH group
- Served on the NFPA Healthcare Section, Codes and Standards Review Committee, which educates healthcare engineers to the upcoming code changes in NFPA. Additionally, this committee advocates on behalf of health care to ensure that new standards meet the unique needs of health care
- Instituted apprentice program to promote growth and development of engineering staff

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**Describe your contributions to other professional societies:**
- Served two terms as Secretary/Treasurer for NH Society of Healthcare Engineers
- Served one term as Vice President for NH Society of Healthcare Engineers
- ASHE Member

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**Describe your contributions to other organizations:**
- Member of NFPA Healthcare section – Codes and Standards Review Committee
- Member of NFPA 99 – Technical Collating Committee
- Member of NFPA 99 – Healthcare Emergency Management and Security Technical Committee
- Member of NFPA 99 – Electrical Systems Technical Committee
- Member of NFPA 730 – Premise Security Technical Committee

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**Technical Collating Committee**
- Member of NFPA 731 – Installation of Security Systems Technical Committee
- Lifetime Member of Rollinsford, NH Police Association
- Member of New Hampshire Police Association
- Member of NH Safety Council
- Member of Strafford County Collation for Emergency Management
- Round Pond Association for Environmental Conservation
- Member of corporate team planning committee – Cigna Road Race for Special Olympics

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**Describe accomplishments you have achieved during your career that emphasize the most recent 18 months first. Examples would be publications authored, promotions, honors, and awards relevant to this nomination, extraordinary accomplishments, etc.:**
- Selected by ASHE as Regional Leader for Region 1
- Restructured corporate safety program to bridge the gap between the Environment of Care, Patient Safety, Performance Improvement, and various safety teams and initiatives
- Instituted specialized safety programs for Magnetic Resonance Imaging, Laser Safety, Employee Health, and Hyperbaric Oxygen Therapy
- Involved in major renovation projects including Seacoast Cancer Center, addition of new medical/surgical unit, expansion of the Operating Suite, a new Critical Care unit, construction of two parking decks and currently building a new energy plant

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**Describe your formal and informal education, technical training, licenses, certifications, and/or professional awards or honors:**
- Bachelor of Science, Business Administration - Southern New Hampshire University

(Continued on Page 2)
Dave Dagenais
(From Page 1)

- Certified Healthcare Facility Manager
- Certified Healthcare Safety Professional
- Registered Healthcare Safety Officer
- Licensed Master Electrician
- OSHA Safety 30-Hour Certification
- OSHA Certified First Receiver Decontamination Trainer
- Certified Instructor-Techniques for Effective Aggression Management

Please describe other factors, or amplify on any of the above, that would be of interest to the membership and support your candidacy:
As a member of the Board, I have had the great pleasure of working with many professional individuals. From the minute I was appointed as the New Hampshire representative, I felt welcomed at the Board level. This is a perfect example of what NEHES represents. I look forward to continuing my role as a Board member and I seek the opportunity to undertake additional tasks and responsibilities. Over the years, I have encountered many opportunities to call upon the expertise of colleagues from NEHES and I look forward to giving back to the membership that has helped me so much.

Please describe what your selection as NEHES Engineer of the Year would mean to you:
To be acknowledged by one’s peers is clearly a highlight in my professional career. I have a tremendous amount of respect for the NEHES membership; I consider them the best-of-the-best. Words cannot describe how honored I would feel if the best-of-the-best honors me as the Engineer of the Year.

John P. Duraes
St. Luke's Hospital, New Bedford, MA
Number of years in NEHES: 7
Number of year in healthcare engineering: 9

- Interim Public Relations Chair
- Coordinated and wrote the preface to the article by Ms. Jean Manoli on the requirements of eye wash stations in the healthcare setting

Describe your contributions and/or service to fellow healthcare engineers and exemplary performance in healthcare engineering on a local, state, or national level during 2006:
- Participated in local and regional disaster drills
- Member of Southcoast Hospitals Group
- Emergency Preparedness Plan Committee
- Coordinated training sessions for regional healthcare engineers on such topics as Indoor Air Quality, Best Practices of Coil Cleaning, EPA, and other educational seminars
- 2001 to present, participated in Junior Achievement's Job Shadow Day Mentor Program for High School Seniors

Describe your contributions to NEHES in 2006:
- As Treasurer I attended every Board of Directors meeting or function requiring the presence of board members
- Wrote several articles for the NEHES Newsletter
- I accepted the responsibility of continuing for another term as NEHES Treasurer
- Chaired 2006 Fall Conference in Westport, MA
- Oversaw the investment growth of the NEHES Scholarship Fund
- Instituted a new savings account (interest-bearing) for NEHES
- Served as the Alternate Representative from the South Shore Healthcare Engineering Society to the NEHES Board of Directors

Describe your contributions to other professional societies:
- Served two terms as Treasurer of the South Shore Healthcare Engineering Society (SSHES)
- Served one two-year term as President of SSHES
- Rewrote the By-laws for SSHES
- Coordinated training seminars for the SSHES members
- ASHE Member
- Member of American Concrete Institute

Describe your contributions to other organizations:
- Captain of the department of the 2005-2006 United Way campaigns
- Volunteer as classroom instructor for 5th and 6th graders for Junior Achievement program
- Very involved in fund raising for the Junior Achievement program
- Volunteer Member of the Southcoast Health Systems Credit Union – Credit Committee
- Invited speaker at the University of Massachusetts Dartmouth’s Engineering Class: Topic: Professionalism in the work place

Describe accomplishments you have achieved during your career; emphasize the most recent 18 months first. Examples would be publications authored, promotions, honors, and awards relevant to this nomination, extraordinary accomplishments, etc.
- Coordinated a special medical technology transfer to the Souza/Baptista Hospital in Mencelo on the island of St. Vincent in Cape Verde, Africa
- Went to Cape Verde to supervise the installation of the surgical instrument sterilizer and provide training to the hospital staff
- Assisted in the delivery of an anesthesia machine to the Island of Haiti
- Organized a hospital wide campaign to collect new smoke detectors from hospital employees to donate to the local fire department so that they could be installed in the homes of the needy
- Nominated for the President’s Award for Excellence for the Southcoast Hospitals Group
- Wrote several articles for the NEHES Newsletter
- ACI (American Concrete Institute) requested that I join the ACI Manuscript Review Committee
- Chaired the 2006 NEHES Fall Conference and coordinated scholarship awards with Massachusetts Maritime Academy

Describe your formal and informal education, technical training, licenses, certifications, and/or professional awards or honors:
- Massachusetts Maritime Academy – Certificate in Predictive Maintenance
- Robert Marshal Training Center – Hazardous Waste and Certification
- Lower Columbia College – Business and Industries Institute for Environmental Education – Transportation of Hazardous Waste
- Bristol Community College – Business Courses

(Continued on Page 3)
John P. Duraes  
(From Page 2)

- MARISBO – Stationary Steam Engineering  
- SIIG Educational Division – Non-Violent Crisis Intervention
- Have numerous certificates in Project Management, HVAC Systems, Utilities Management, etc.
- Recent FEMA certification in IS-00100, IS-00200, IS-00700, and IS-00800.a
- Emergency management and incident command systems certifications
- Licenses: Massachusetts Construction Supervisor's License, Fireman 2nd Class License, Massachusetts Concrete Technician License
- Massachusetts Notary Public

Please describe other factors, or amplify on any of the above, that would be of interest to the membership and support your candidature:

My introduction to NEHES came about when I was elected as SSHES's Treasurer. After the election I was asked to be the representative to the NEHES Board on behalf of SSHES. At the first Board meeting I attended, I was very surprised at the amount of material that was covered by the Board. I remember thinking that these people take this very seriously. The professionalism, the enthusiasm, and the hard work that I saw from the other Board members made want me to be a participant of this organization. Those that know me personally know that I do not take assignments lightly. Since joining this organization, I have learned many invaluable lessons and experiences that I would not have otherwise received. I will continue to put forth my efforts to perform whatever duties I am asked to perform by the organization. This Society and all its members deserve no less.

Please describe what your selection as NEHES Engineer of the Year would mean to you:

When I was informed of my nomination for the Engineer of the Year, I was very surprised. There are many other individuals who deserve this prestigious award. It is especially rewarding and gratifying to be nominated two years in a row by your peers. It is with a sense of humility that, if awarded this distinguished honor, I would continue to do the utmost to assist and promote the Society so that others might have the same opportunities that I have been afforded. To receive this type of award, voted on by your peers, is the most memorable and the most special award that one can receive. All we have to do is look at the previous recipients to realize what an honor it is just to be nominated for the award, let alone win it. I would be truly humbled by such an award and it would be a high point in my career.

Robert H. Lord  
Parkview Adventist Medical Center
Number of years in NEHES: 27  
Number of years in healthcare engineering: 33

Bylaws Committee of NEHES
- 1995: Fall Conference Trade Show Chairman, Eastland Hotel, Portland, Maine
- 1998: Chairman of the Spring Seminar Trade Show, Leominster, MA
- 2001: Fall Conference Trade Show Chairman, Marriott, South Portland, Maine
- 2004: Chairman of the Spring Seminar Tradeshow, Leominster, MA

Describe your contributions and/or service to fellow healthcare engineers and exemplary performance in healthcare engineering on a local, state, or national level during 2006:

I am a member of the federally sponsored Regional Resource Committee and helped to develop their criteria for emergency management for southern Maine hospitals. On this committee we developed “table top” and actual drills for all the hospitals in Cumberland County and southern Maine. We also provided HAZMAT training and equipment for all the hospitals in Cumberland County. Based on my involvement with this committee, I was instrumental in developing the HAZMAT team at Parkview AMC. I obtained decontamination equipment to support the team such as a decon tent, a generator, and a trailer large enough to house all the other necessary equipment. Total value: $60,000. I also trained and certified 30 people from various departments within the hospital. We have participated in a number of countywide community “table top” and real disaster drills. Partners include Bowdoin College, Brunswick Naval Air Station, Bath Iron Works shipbuilders, all Cumberland County hospitals, and Sagadahoc and Cumberland Counties’ EMS.

Describe your contributions to other professional societies:

I have been an active supporting member of the Maine Healthcare Engineers’ Society for 27 years. I was president of the Society for six years beginning in 1983.

I have been a member of the National Fire Protection Agency (NFPA) for 25 years.

I have been a member of the Sagadahoc County Local Emergency Planning Committee (LEPC) for five years. I attend their monthly meetings and am involved with their educational programs.

Describe your contributions to other organizations:

My wife and I were active members of the United States Coast Guard Auxiliary for five years beginning in 1993. We taught Aids to Navigation in their public Boating Safety

(Continued on Page 4)
Robert H. Lord
(From Page 3)

Courses and sexual harassment training for various flotillas in southern Maine. We were periodically lighthouse keepers at Boston Lighthouse National Park. We worked with other auxiliaries, patrolling Casco Bay and rescuing distressed boaters. We acted as tour guides and watch standers on the sailing ship Endeavor based at the Maine Maritime Museum. For several years I acted as Casco Bay Flotilla Staff Officer for ATONs (private aids to navigation buoy system).

I participated in two missions to Mexico sponsored by the Adventist Health System. In the first mission in 1991, I acted as the electrical contractor in constructing a church with a high school group. The second was a medical mission trip conducted in the Yucatan Peninsula in 2005. I supported the 100-member team, helping with the logistics of supplying water and food and doing laundry for the medical team, including the operating theater. My wife and I distributed clothes and vitamins in the barrios of Playa del Carmen and in the remote Yucatan village of Mayapán.

Beginning in 1981 I was a Pathfinder Scout Leader for the Adventist Church and took a group of 50 Scouts ages 10-15 to a national jamboree to Leadville, Colorado in 1985.

Describe accomplishments you have achieved during your career; emphasize the most recent 18 months first. Examples would be publications authored, promotions, honors, and awards relevant to this nomination, extraordinary accomplishments, etc.: The part of my job which I enjoyed the most is having acted as the general contractor on a number of large projects, many of which totaled $1 million or more. I particularly enjoyed the extensive remodeling of the Parkview OR in 2000, which entailed the additional challenge of having to maintain operations smoothly on a daily basis.

1994: recognized by Maine Hospital Association with a Certificate of Achievement Award for outstanding professionalism and accomplishments in assuring that vital healthcare services are provided to the people of Maine.

Describe your formal and informal education, technical training licenses, certifications, and/or professional awards or honors:
Portland School of Fine Arts, Portland Maine, 1965-1969
Coyne Electric School, Boston, 1972-1973
Master Electrical License obtained 1974
Fourth Class Engineers License, ongoing
Propane Natural Gas, Heavy Appliance Use, ongoing
Air Conditioning License, ongoing

Please describe other factors, or amplify on any of the above, that would be of interest to the membership and support your candidacy:
I am anticipating retiring in July and a doctor at Parkview approached me regarding an opportunity to use my construction and maintenance skills at an orphanage in Zimbabwe, Africa for six months beginning in November. My wife will be expected to teach English as a second language. The project appealed to both of us because of the great need he described.

Please describe what your selection as NEHES Engineer of the Year would mean to you:
I was very touched when I was told that my fellow engineers had nominated me for this honor. I know they understand my job fully and I appreciate that they feel I have performed it in a manner which merits special attention. On a personal level I have come to realize that I have devoted my life to the mission of health care and I will always cherish both the working relationships and genuine friendships I have found within the NEHES organization. This award would be the culmination of my lifetime of service.

It's time to VOTE for the 2006 New England Healthcare Engineers' Society Engineer of the Year! NEHES members have nominated three very eligible and deserving engineers for this honor. Please take the time (do it today!) to complete the enclosed ballot and fax or mail it to Joe Mona. Deadline is August 15, 2007.
2006 ENGINEER-OF-THE-YEAR
Official Election Ballot

Please review the nominees' answers to several questions, inserted into this newsletter, and select your candidate below:

___Dave Dagenais, CHFM, CHSP
___John P. Duraes
___Robert Lord

Please fax your vote to me at (978) 946-8053 or mail it to me no later than August 15.

Any questions? Contact me:

Joseph Mona
2005 Engineer of the Year
Director of Facility Systems
Lawrence General Hospital
1 General Street
Lawrence, Massachusetts 01842
(978) 946-8179
Fax: (978) 946-8053
Email: jmona@LawrenceGeneral.org

Vote Today for Your Favorite Candidate!

Thank you for your participation.