NEHES Earns the Platinum Level of Affiliation

ASHE Region 1 Director Ron Vachon, SASHE, CHFM, has just received word that NEHES has again been awarded the Platinum Level of Affiliation from ASHE. The Platinum Level, new last year, is the highest Level of Affiliation that can be attained by an ASHE Chapter. NEHES earned the Gold Level of Affiliation award (previously the highest award level) for the past eight years, then last year was among five chapters to earn the new Platinum level.

NEHES President Fred Leffingwell, CHFM will accept the award on behalf of NEHES this summer during the ASHE Annual Conference.

“This award demonstrates both what NEHES and the State chapters accomplished for our members in 2007,” Fred said. “It is an excellent reflection on how well Kevin (Keating, 2007 NEHES President), the Board, and the Society did, especially in the areas of education and communications. We had a joint membership with ASHE last year of 63.5%, a total of 32 documented educational hours, and over 20 Society communications to our members. NEHES has continued to achieve ASHE’s highest level of affiliation since 1998. Even if there were no award connected to this process, this has served as an excellent audit of our performance as a Society for 2007.”

The 2008 Fall Conference, “A Year to Celebrate, A Year for Reflection” will be held October 7-10, 2008 as NEHES Turns 50

Join facility managers, vendor partners, nationally-known educational presenters, spouses, and guests in New Haven, CT October 7-10 2008 at the Omni Hotel and Conference Center for a very important 2008 NEHES Fall Conference celebrating NEHES’ 50th year. Organizers are members of the Connecticut Healthcare Engineers Society.

Educate yourself at the numerous seminars (see below) and the huge technical exhibit, network with speakers, other facility managers, and vendor partners, and invite your spouse/guest to accompany you and take part in the spouse/guest activities. Choose between fishing and golf on October 7. Celebrate NEHES’ 50th anniversary at receptions and at the gala Awards Banquet October 9.

Education Program:
Conference attendees will be treated to a well-planned and extremely relevant program of education seminars.

“As part of an effort to provide diversity in the educational offerings, we have made a dual track education session available,” said Jack Gosselin, FASHE, CHFM, who planned the program.

“The content is appropriate and timely for the industry in our region. The conference will provide some great educational topics presented by nationally-known professionals with many years of expertise and hands-on experience in their fields. Additionally, we have included a few sessions that NEHES members have developed to present to their fellow NEHES members.”

The following topics will be included in the education program:

- The Benefit of a Truly Integrated Emergency Operations Plan
- Patient Satisfaction
- AirFlow Design Trends for Healthcare Facilities
- Newly expanded 2008/09 Joint Commission Emergency Management standards
- From Concept to Completion – The Integral Role of Project Management
- Web-Based Electrical Systems Training
- The Business & Clinical Performance Impact of Infrastructure Improvements
- Integrated Team Approach for Project Management
- New Federal Requirements for Hospital Emissions
- Evaluating the Building Envelope
- How to go from Reactive to Proactive Maintenance Using a Computerized Maintenance Management Systems
- Advancing the Decision Making Process Through Conceptual Cost Modeling
- A Compliance Round Table.

(To Page 2)
Fall Conference
(From Page 1)

Special NEHES Member Sessions
Highlights of the Conference will include the NEHES Annual Meeting on October 8, a Board of Directors breakfast meeting, and a Past Presidents Breakfast.

Conference Registration
Brochures will be mailed later this year; they will also be available at www.nehes.org. Registration fee for the conference will be $225.

Vendor Partner Update
Vendor Partners — Booths are sold out but -
1. We will be starting a waiting list for potential exhibitors in the case of either a. Cancellations, or b. If there is enough interest, the possibility of opening one of the many other conference rooms as another exhibit space.
2. Additionally, we have many other sponsorship opportunities available for which the Supporting Member Company would receive recognition. These include: Golf Outing, Welcoming Reception, Fishing Trip, Breakfasts (3), Guest Programs, Breaks (5), Keynote Speaker, Lunches (2), Past Presidents Breakfast, Hospitality Suite, Awards Presentation, Conference Brochure, Networking Reception, Anniversary Gifts, Welcome Gifts, and the Anniversary Banquet. We would welcome either full or partial sponsorship of any of these events.

Vendor partner contacts are Steven Jalowiec, P.E., CHFM, Sjalowiec@wbyhosp.org, or Ron Hussey, CHFM, rhussey@bristolhospital.org

Engineers' Hotel Room Reservations
The cut-off date for accepting reservations into the Engineers room block is September 12, 2008. Reservation requests received after 5:00 pm local time at the hotel on the cut-off dates will be accepted on a space and rate availability basis.

Engineers (Active NEHES Members):
To make a room reservation, click on the reservation form link on the NEHES website and fax to the hotel as instructed on the form.

Room rate (while supply lasts) is:

<table>
<thead>
<tr>
<th>Bed</th>
<th>Rate</th>
<th>Deposit w/ Tax</th>
</tr>
</thead>
<tbody>
<tr>
<td>Single 1 Person 129.00 $144.48</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dble 2 Persons 129.00 $144.48</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- 1 Bed</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dble 2 Persons 129.00 $144.48</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- 2 Beds</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Vendor Partners' Rooms
Supporting NEHES Members and Vendor Partners: Call the hotel at (203) 772-6664 or 1-800-843-6664 and indicate that you are a Supporting Member or Vendor Partner. Room rate: $159 + tax (while supply lasts: the cut-off date for accepting reservations into the Vendors room block is Monday, September 1, 2008).

Reservation requests received after 5:00 PM local time at the hotel on the cut-off dates will be accepted on a space and rate availability basis.

Pricing Cost
Parking is currently $17.00 a night for guests and $8.00 for those attending the conference but not staying overnight at the hotel.

Choose Golf or Fishing
Conference attendees have a tough choice to make — whether to spend Tuesday, October 7 on a fishing trip or playing in a golf tournament. Both activities will be offered from 10 a.m. to 4 p.m. Details and registration information will be announced at a later date.

Spouse and Guest Program
This program is open to spouses and guests of both attendees and vendor partners. Thanks to Ilona Leffingwell and Tracy Ramey for making the arrangements. Cost is $100 per person.

Tuesday, October 7, 2008:
Evening: Reception for engineers, vendor partners, spouses, and guests

Wednesday, October 8, 2008:
Breakfast with engineers and vendor partners 9:30 am: Depart Omni Hotel to Knights of Columbus Museum 10:00 am-11:15 am: Tour Knights of Columbus Museum 11:15 am-11:30 am: Travel to Peabody Museum 11:30 am-12:30 am: Tour Peabody Museum 12:30 am: Travel to The Graduate Club for lunch 1:00 pm-2:30 pm: Lunch at The Graduate Club 2:45 pm-4:15 pm: Driving tour of New Haven with Step-On Guide 4:30 pm: Complete tour, back to Omni Hotel

Evening: Reception for engineers, vendor partners, spouses, and guests

Thursday, October 9, 2008:
Breakfast with engineers and vendor partners 9:30 am: Depart Omni Hotel to Branford, Stony Creek 10:30 am-11:15 am: Thimble Island Cruise aboard The Sea Mist 11:30 am-12:15 pm: Travel to Chamard Winery, Clinton 12:30 pm: Box Lunch 1:00 pm: Tour Winery/Tastings

Evening: NEHES 50th anniversary gala celebration with banquet and awards

Friday, October 10, 2008:
Breakfast with engineers and vendor partners

The Organizers
Conference Co-Chairs: Steve Jalowiec, P.E., CHFM and Fred Leffingwell, CHFM
Hotel and Meals: Fred Leffingwell, CHFM
Education: Jack Gosselin, FASHE, CHFM
Golf Tournament: Al Wasko, John Lombardi
Fishing Expedition: Bob Palumberi, Paul Toburen
Guest Program: Ilona Leffingwell, Tracy Ramey
Partner Solicitation: Steve Jalowiec, P.E., CHFM; Ron Hussey, CHFM
Registrait Gifts: Fred Leffingwell, CHFM
Brochure Development/Printing: Christopher Burney, Paul Toburen
Hotel Parking: Bob Falaguerra, CHFM and Joe Greenier

Watch www.nehes.org, your e-mail, your incoming mailbox, and the NEHES Newsletter for Conference updates and registration form!
What Legacy Will We Leave For Future NEHES Members?

By Fred Leffingwell, CHFM
Director, Facilities Planning and Management
Lawrence & Memorial Hospital
New London, CT
2008 NEHES President

I know most newsletter articles deal with current topics and issues facing us in this highly regulated environment, but I would like to take a moment to look back at NEHES' history.

When I was informed that the year of my presidency with NEHES would be our 50th anniversary year, I first thought to myself, "What was I thinking?" Recently, I had some time on my hands so I decided to skim through the NEHES Newsletter Library that dates back to 1960. As I reflected on the presidents who came before me, I came to realize what an honor and humbling experience it is to be the President of NEHES during this milestone point in the Society's history.

The Society got its start in the fall of 1957, when Joe Degan, Lou Hough, and George Vera formed a steering committee to initiate the first meeting in 1958. The meeting was held at the Parker House in Boston in conjunction with the New England Hospital Assembly meeting.

With a starting membership of roughly 60 engineers, this was the first step toward the recognition that our profession would be successful only through our joint efforts and the sharing of experiences. Perhaps just as important, the formation of NEHES also demonstrated that involvement by engineers was the driving force in making NEHES work.

This is not the kind of article that should be too long, but 50 years does take some time to cover. I would like to hit some of the highlights of our history. It is interesting to see how much of this history sounds like some of today's topics. Starting in the early 60's, there were newsletter articles on NFPA 56 and the testing of OR floors, training future hospital engineers, the relationship between the architects and hospital engineers, how to write specifications, and crisis-to-crisis operations.

The late 60's had articles on the degree day method of comparing heating results, the northeast power failure, NEHES' affiliation with ASHE, how to manage your time, and a PM system card rack with 52 slots. And in 1969, there was an article titled "Rhode Island Solves the Hospital Engineer Shortage" through a new Associate Degree Program. This program was established at the Roger Williams College in Health Service Administration. The original intent was to call this program "The Hospital Administrative Engineer."

The 70's brought articles on controlling construction cost, a new concept in air conditioning (portable chiller units that can be used during construction), energy strategies for healthcare, membership drives, and a request for participation of members on the Board. In 1976 NEHES included an ASHE application in its newsletter; the annual ASHE dues at the time were $32.50. And in 1977, NEHES President James Lawson received the "1976 Chapter of the Year Award" from ASHE President W. Samuel Grist at the ASHE convention in Denver, Colorado June 14 through 17. Articles later in the 70's dealt with energy conservation, energy legislation, and the prediction of rotating blackouts for 1979.

The 80's came in with articles on Legionnaires' Disease and a new, round fluorescent bulb for corridor lighting. The 90's also raised the question, "Should you computerize your (To Page 4)

NEHES Continues to Impact the Future of Facilities Management

By John Duraes
Facilities Manager
St. Luke's Hospital
New Bedford, MA
NEHES President-Elect

Since the last Newsletter, all of us on the NEHES Board of Directors have been very busy. The Vermont Healthcare Engineering Society did an outstanding job with the Spring Seminar. We should all be very grateful for all of their hard work and planning. In speaking to some of the attending members, the vendors who supported us with booths, and to the speakers, everyone expressed their congratulations on a job well done. As for the 2008 Fall Conference, CHES is well on their way to having a very successful conference.

Gary Valcourt was appointed Chair for the 2009 Spring Seminar in Leominster, MA, which will be hosted by Massachusetts. Ron Vachon, CHFM was appointed Chair of the 2009 Fall Conference, which will be hosted by Rhode Island.

The NEHES Board meetings are well attended. The various Liaisons to ASHE, NEHES, Joint Commission, and NFPA continue to work very hard to keep all of us up to date with these organizations. It is also through these Liaisons that our positions and opinions are heard and regulations are proposed and/or reviewed. This, my fellow NEHES members, is why all of us work so hard.

It is with your support of our organization that we can continue to have an impact on the future of Facilities Management.

It is also encouraging to see new members applying for membership. As you receive this Newsletter, don't hesitate to share it with other Facilities Leaders. Let them know what a benefit NEHES can be for them. The fee is only $25.00 to be an Active Member. If you can show proof that you are an ASHE member in good standing, you can be a NEHES Member for free for one year.

I would also like to encourage everyone to periodically visit our website at www.nehes.org. The website is constantly being updated. There is a great deal of information to be found there, from the numerous articles, the updates on Seminars and Conferences to job postings, even articles of clothing with the NEHES logo, etc. Can you believe it? Just by visiting the website you can help NEHES. More and more individuals and vendors are realizing what a great tool this is.

The Board would like to have some new members attend our meetings. If anyone is interested, please contact your local chapter representative by logging into the website and finding the Board of Directors' listing under Members Content.

If you have any questions or comments regarding our organization or this Newsletter, please contact us -- we would like to hear from you. May everyone have a safe and healthy summer!
President’s Message
(From Page 3)

hospital maintenance management system?”

Other topics for newsletter articles included a no smoking policy, maintenance anxiety, microprocessor-based water treatment control systems, and the call to get involved in ASHE. The article on ASHE membership goes on to say, “How do you change the systems, codes, or regulations? Get involved!” During this time, the Connecticut Hospital Engineers’ Society was working on developing a certification program for hospital engineers. A new NEHES membership drive started with the title of “Each One, Bring One.” Spill containment, preventing contamination, CFC’s and the Ozone, sick building syndrome and DRG’s – the motivation for better engineering -- finished out the 80’s. The 90’s brought in major proposed rules under RCRA, a new OSHA standard on laboratory safety, and equipment and utilities risk analysis. On the management side, article topics were dealing with anger, the hospital’s need to treat engineers as professionals, why hospital engineers fail, how to manage meetings effectively, and disagreeing with your boss – things to consider. In 1992, Bernard “Bud” Myers, a NEHES member, and Judy Martin, RN, of Fanny Allen Hospital were featured with the CPR device they developed -- a mouth and nose mask connected to a one-way valve and a smaller mask at the other end. The JCAHO was the topic of discussion with mock surveys and mid-cycle surveys. One of NEHES’ own, Bob Loranger, P.E., CHFM, became ASHE President in 1999. And, as all of us can remember, the year closed out with Y2K.

We are now in the 21st century. The last seven years brought the CHFM Certification and more of what we had seen over the past 50 years. We are still struggling with regulations, energy conservation and cost, professional development, the stress of an ever-changing set of responsibilities, and the need to belong to Healthcare Societies that promote our profession.

The reason our profession has come this far is because of the members who got involved before us. Our history shows a strong bond and commitment between State, Regional, and National Societies that continues to grow. I encourage all members to get involved at the State, Regional, and/or National levels. As we move forward the future membership will be looking back at our Society’s accomplishments. What do we want them to see?

Design the New NEHES Logo and Win $$$$$

By John Durases
Facilities Manager
St. Luke’s Hospital
New Bedford, MA,
NEHES President-Elect

NEHES celebrates its 50th Anniversary this year. Recently, members of the NEHES Board of Directors reflected on the accomplishments that have been achieved over the last 50 years. In so doing, the discussion eventually turned to the future.

Numerous ideas were mentioned and suggestions made. One of these suggestions was to review the NEHES logo consisting of the T-square and the lightning bolt. The general consensus was that as we go forward into the next half-century, our logo should be revised to better reflect the many varied disciplines that our fellow members perform.

As all can see, changes were recently made to the current logo, design to commemorate the 50th Anniversary. At the end of 2008, the “50 YEARS OF EXCELLENCE” will be removed.

Based on the Annual Planning Retreat’s action items, the Board, during the January meeting, decided that the whole membership should have the opportunity to participate in the process of designing a new logo. It was decided that a contest would be the best way to get the members’ artistic juices flowing.

These are the contest rules:
1. Any current Active member can submit a logo in a future article in the NEHES Newsletter.
2. The design submitted must incorporate ONE item only from the old logo.
3. The logo must be in color.
4. All logos must be received by August 15, 2008.
5. Logo can be submitted electronically or by mail on paper.
6. Any logo submitted automatically becomes the property of NEHES.
7. NEHES reserves the right to incorporate all or part of the submitted logos without compensation to the individual(s) submitting the logo.
8. The winners of the contest will be ac-

The old logo (above)

2008

This year’s logo

[Image of old and new logos]
Facility Managers and Vendor Partners Turn Out
In Record Numbers to Support an Outstanding Spring Seminar

Members of the Vermont Healthcare Engineering Society organized an outstanding Spring Seminar held March 21 in Leominster, MA. With nearly 120 attendees and a record 25 vendor partners, the event featured four speakers addressing Pharmaceutical Waste, NFPA 99, and Green Building issues.

Since NEHES is turning 50 this year, this gathering was the kick-off of the year-long anniversary celebration.

The speakers were:

**Pharmaceutical Waste:** Janet Bowen, EPA Region 1 Healthcare Sector Coordinator

**NFPA 99:** Ray Forsell, P.E., CCE, Certified Clinical Engineer, University of Vermont Technical Services Program

**Green Buildings:** Robert G. Andrews, Jr., P.E., Project Manager/LEED Consultant/Partner at AHA Consulting Engineers, Inc., and Barry Brensinger, AIA, CEO of Lavallee/Brensinger Architects.

Seminar Co-Chairs were Mark Blanchard, CHFM, and Brian Sallisky, CHFM.

**Thanks to Vendor Partners for Supporting Spring Seminar:**

- A/Z Corporation
- Balon Process Management
- Cochran Ventilation, Inc.
- Dacon Corp.
- DiGiorgio Associates, Inc.
- Draka Cableteq USA
- ECOSYSTEM
- Fitzemeyer & Tocci Associates, Inc.
- George T. Wilkinson Co., Inc.
- HBE Corporation
- Lavallee/Brensinger Architects
- MCMUSA
- Modular Services Company
- MorrisSwitzer—Environments for Health
- Northeast Door Corp.
- Phoenix Controls Corp.
- PHS West
- Schindler Elevator
- Sign System Solutions, LLC
- SIGNET
- Smart Tap
- VFA, Inc.
- VICTAULIC
- William A. Berry & Sons, Inc.

**2009 Spring Seminar**

The 2009 Spring Seminar will be held in March 2009 (date and place to be determined).

Event Chair is Gary Valcourt, Senior Director of Facilities, UMass Memorial Medical Center, valcourt@ummc.org. Organizers are members of NEHES chapters in Massachusetts.

**Thanks to Brian and Mary Sallisky for photos. To see more, go to www.nehes.org and click on PHOTOS at the top of the page.**
Focus on a Member Facility: Lawrence & Memorial Hospital

Like most facility managers, Fred Leffingwell, CHFM, is planning for his hospital’s future even as he faces the challenges of the present. Despite several construction projects during the 90’s that doubled the size of the facility, like many other hospitals, Lawrence & Memorial Hospital essentially outgrew its space needs three years ago.

The original facility was founded in 1912 as a four-story building with a wood frame roof and slate shingles that still occupies the center of the campus. Currently, this 280-bed, nine-building hospital provides care to approximately 180,000 medical, surgical, pediatric, rehab, psychiatric, and obstetrical patients. In the summer, the served population swells to 250,000. Specialty areas include critical care, the region’s only inpatient rehab unit, a Neonatal Intensive Care Unit, CT scanning and magnetic resonance imaging, interventional radiology, a nationally recognized cardiac rehabilitation program, the Center for Sleep Disorders, Occupational Health, and Employee Assistance Program.

Lawrence & Memorial has seven hospital-owned Physician Practices and several affiliates, including Flanders Health Center, Joslin Diabetes Center, a Medical Office Building, a Therapeutic and Personal Fitness Center, Occupational Health Center, Pequot Health Center, Same-Day Surgery Center, Old Saybrook Health Center and Shaw's Cove Outpatient Dialysis Center. Its website is www.lmhospital.org.

Fred joined Lawrence & Memorial 20 years ago as the Assistant Director of Engineering after working in the defense industry as a maintenance work leader at United Nuclear Corporation in Montville, CT. He obtained his BS in Business in 1989 and his CHFM from the AHA in October 2000. Over the past 20 years Fred’s responsibilities have grown to where he is now responsible for 60 employees as Director, Facilities Planning & Management. He oversees Engineering, Project Management, and Security, and has previously supervised Bio-Medical and Safety. He is the 2008 NEHES President and Co-chair of the 2008 NEHES Fall Conference.

Like many hospitals in the late 80’s and early 90’s, Lawrence & Memorial began a modernization project to replace an aging facility. The plan was to add approximately 254,000 square feet to an existing 392,000 square-foot facility. To start this expansion in September 1990, a 50,000 square foot Ambulatory Care Center and adjacent 350-car parking garage were completed. Construction of the six-story Chester W. Kitchens Wing, housing the Community Cancer Center and a new emergency room, was completed in January 1995. The completion of the Main Tower in 1996 finalized the modernization project, making Lawrence & Memorial one of Connecticut’s most contemporary health care centers. With the new building came a series of internal renovations and outpatient growth. Since 2000, at the main campus, a second Cath Lab, a new NICU, and new rehab inpatient unit has been added. We added a new 26,000 SF – four bay same day surgery area in the Pequot Health Center,” Fred said.

Lawrence & Memorial is currently developing a facility master plan. The purpose will be to identify facility requirements to support the facility’s strategic plan over the next 10 to 20 years.

“At present we are still looking at how each of our existing facilities will need to be renovated to support our long range strategic plan. We are also looking at adding a new outpatient facility to the west of the main campus to provide better access for outpatient services,” Fred said.

“The realization here is that over the years our service population, which was once based in New London, has moved out into the surrounding areas. What is under consideration for relocation is still under review but the focus will be on getting our outpatient services out of New London and closer to Interstate 95.”

The most dramatic area of growth and change at Lawrence & Memorial has been the growth in the IT network and computer systems. Although the program is scheduled to be updated over the next seven years, there have been some dynamic changes just to get the infrastructure up to speed. Fred commented, “At this point in this program, our role has been to develop new spaces for the expanded network closets. These closets have grown to a minimum of .50 SF.” IS is at the start of a $30M replacement which includes new network closets, a back-up computer room, new hardware and software, and re-cabling the facility so we can go wireless.”

When it comes to energy conservation and procurement, Fred stated, “I have been working on both conservation and energy purchases pretty much on my own. There are several companies that will come to your facility and do an initial review for free. The catch that I have found is coming up with the funding. This becomes a more complicated decision, 1) if you have the capital on hand to pay for the program, 2) if your credit is good and you can borrow funds at attractive interest rates or 3) you have an upcoming bonding program and you do not want to increase your debt.”

“This may sound like a good situation to be in, but in the long run it slows down the process as you are trying to figure out what the best method is to fund the program. Then there is off balance financing that brings another twist to the review. For procurement a web site that I have found helpful in keeping up with pricing changes is INO.com.”

(To Page 7)
Chapter Reports

Maine Healthcare Engineers’ Society (MHES)

May 16, 2008 Meeting
• 11:30 The meeting started with lunch in Portland’s SMRT conference room.
• 11:45 SMRT representatives gave a presentation on Engineering Services, Facility long range planning, infrastructure support, and commissioning of new systems.
• 12:15 Joey started the MHES meeting.
• June meeting in Fort Kent to be followed by tour of Northern Maine Medical Center and a canoe trip down the Fish River.
• Mike Bradstreet had asked for volunteers to run the scholarship program, Mike Connolly accepted the position.
• Milt updated us on NEHES.
• NEHES Fall Conference will be celebrating the 50th anniversary in New Haven, CT.
• NEHES ongoing focus on helping to promote facility engineers to take the CHFM test.
• Discussions around the table for MHES Engineer of the Year.
• Roy reminded everyone of the NFPA training in June at MHA.

April 18, 2008 Meeting
• 11:30 Lunch
• 11:40 Sean introduced Anatoly Gregor, P.E. and Brian Jarvis.
• Anatoly gave a presentation on Fire Alarm System Planning and Design.
• Brian gave a presentation on Fire Alarm product compatibility, Fire Alarm annual testing, and requirements for shutting down a fire alarm depending on the length of time.
• Joey reminded everyone of the NFPA training in Augusta on June 9-10.
• May meeting at SMART in Portland on capital equipment replacement.
• June meeting at NMMC in Fort Kent, then down the Fish River and stay overnight at Joey’s camp.
• Reminder: dues for MHES and NEHES.
• Milt gave an update on NEHES.
• Congratulations to Gary Gerow on passing his CHFM.
• Round the table.
• Steve and Shawn shared their experiences at the Train the Trainer for Emergency Preparedness provided through Homeland Security.

March 14, 2008 Meeting
• 11:30 Lunch
• 11:45 Roy Williams introduced Bob (Sylvania Corp.), who presented on different styles and usage for LED lighting.
• 12:45 Joey Bard started the regular meeting.
• Next month’s meeting, at Maine Hospital Association, is on fire alarm systems and programming.
• Milt Dudley gave a NEHES update and reminded everyone to try and attend the Spring Seminar March 21.
• Open Discussion.
• Facilities reported on recent Joint Commission surveys. Some of the items the inspectors concentrated on were: O2 (E-tank) storage; C.O.W. (computer on wheels) stored in corridors; door closers in corridors; bathroom pull cords wrapped around items; blanket warmer temps not exceeding 140 degrees; and refrigerator and food temperatures.

Reports submitted by Brian DeLong, CHFM, CHSP, MHES Representative to NEHES, bdelong@emh.org

New Hampshire Society of Healthcare Engineers (NHSHE)

May 9, 2008 Meeting
The meeting was held at the New Hampshire Hospital Association in Concord and was called to order at approximately 9:05.

Lisa Schoonerman of Siemens presented on Energy Performance Contracting.

Secretary/Treasurer Report: Membership forms have been sent out to current and past members; applications coming in slowly. I have the list of hospitals in New Hampshire to gather new interest; working on list for extended living organizations.

NEHES report: Gene Cable to attend NFPA World Safety Conference; gives NEHES a voice on the floor.

Promotion of the Fall Conference. Early bird discount rates. Brochure to come out in July. There is a 48-hour cancellation policy so it is easy to sign up now and cancel if emergency matters arise at work or home.

2008 Meeting and Training Schedule:
August 8: Energy Star, Hospital Assoc Building, Concord
September 12: CHFM Review, Wentworth-Douglass, Dover
October: Fall Conference; Meeting TBD
November 14: ADA Hot Topics; Hospital Assoc Building, Concord
December 12: Annual Planning Meeting; Centennial Inn

Recommendation to send flyers, more information on upcoming training sessions to draw better attendance. Regular notice to keep the meetings in the forefront of people’s minds.

2007 NHSHE Officers:
President – Dave Dagenais
Vice-President – Bruce Brown
Secretary – Chris Bergeron
Treasurer – Chris Bergeron
State Rep. to NEHES – Dave Wilder
Alt. State Rep. to NEHES – Steve Cutter

Lawrence & Memorial
(From Page 6)

Lawrence & Memorial also started benchmarking several years ago, and Fred described the process in detail in an article for the NEHES Newsletter in the June 2007 (Q2) issue.

In part, his article stated: “When we started the benchmarking process, 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 opera-

tions, 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.”
Chapter Reports
(From Page 7)

April 11, 2008 Meeting
The meeting was held at The Ridge at Riverwoods at Exeter, NH and was called to order at approximately 9:15.

Education Session: Dave Lavoie of EnerNOC presented on demand response solutions and led discussion on pro’s, con’s and cost savings associated with their product. For more information visit www.enernoc.com.

Secretary/Treasurer Report: Membership forms have been sent out. Letters to go to organizations not represented to attempt to increase membership. Chris to look into State Department of Health to acquire contacts at long-term health communities. Dave to get Chris format of pamphlet that was sent out in past years.

NEHES Report
Discussion on representation at NEHES Board. There has been a motion that each state should have equal representation. Currently each chapter has a representative on the Board; therefore, larger states with multiple chapters, such as Massachusetts, have greater representation. Discussion at this meeting agreed that there hasn’t been discussion at NEHES Board that went in favor of a larger state because of more representation and that we should keep the status quo.

Reminder to frequently check the NEHES website for helpful information, www.nehes.org

New Business: Information bulletin on electrical strips was presented to the group; reminder from Jona that EnerNOC is only one resource; check out other vendors offering similar services, National Grid, PSNH, etc.

February 28, 2008 Meeting
The meeting was held at the New Hampshire Hospital Association in Concord and was called to order at approximately 9:30.

Secretary/Treasurer Report: Membership renewal forms will go to members in late March. Letters to go to organizations not represented to attempt to increase membership. Dave to get Chris format of pamphlet that was sent out in past years.

NEHES Report: NEHES financially doing well. Board wants to give back to members. NEHES will sponsor the fees for members to take CHFM course. Requests for financial support for programs by reps have been well received with justification.

White Papers or agendas from our education session presenters can be submitted to NEHES for approval of CEU’s. Requests for CEU’s should be sent at least one week prior to the meeting.

New Business: Rick Bowen has retired. Unanimous vote taken to award a lifetime membership.

Reports submitted by Chris Bergeron, NHSHE Representative to NEHES, christopher.a.bergeron@hitchcock.org

Vermont Healthcare Engineering Society (VHES)
March 7, 2008 Meeting
The meeting began at 10 a.m. Central Vermont Medical Center, Berlin. Dave Lavoie from EnerNOC spoke about his company. EnerNOC (Energy Network Operations Center) manages electrical supply and demand for ISO New England. They contract with businesses that can curtail power and/or generate their own power to reduce the demand on New England power during times of high demand. If power demand is approaching supply, normally during hot summer days, they contact the companies they have contracts with to start their generators and/or turn off energy consuming equipment. This has only been needed 4 times since 2003 and usually only lasts one or maybe two days. This is the last step before a rolling blackout is enacted. They pay their clients to be available to reduce or cogenerate power whether they are called upon or not, plus they pay their clients when they are required to reduce or cogenerate power. They will call their clients at least once per year if they haven’t been contacted for a real event to verify the ability to assist. This test only lasts a couple of hours. A couple of hospitals in Vermont have already signed on, including FAHC, who has been involved for a few years.

Business Meeting began at 11:50.
Website Update – Rachael Smith of Grand Isle, the new webmaster, has made some changes and updates to the web site including getting the e-mail system fixed.

Membership Status – Brian reported that we have 30 members, 27 active, 3 honorary. A discussion about honorary members was held. The by-laws will be reviewed to see what the requirements are. Some felt that to be eligible one needs to be retired.

Spring Conference – VHES is sponsoring hosting the spring NEHES on March 21. Mark and Brian have the meeting all arranged. There will be 25 vendor booths. Educational topics are Green Buildings, NFPA 99, and Pharmaceutical waste. We are encouraging VHES members to attend.

Tier II – Mark mentioned that Tier II (the right-to-know) report was due March 1. It is quite easy to use the on-line tool for reporting.

Next Meeting Date – May 9, 2008, Rutland – The topics are elevators and NFPA 99.

A nice lunch of pasta with alfredo sauce and beef, potatoes, salad, dessert, and soda served at 11:50.

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

Important Dates

45th ASHE Annual Conference and Technical Exhibition
Theme: “Always Ready”
July 20-23, 2008
Gaylord National Hotel & Convention Center, Washington, DC

2008 NEHES Fall Conference and 50th Anniversary Celebration
October 7 – October 10, 2008
Omni New Haven Hotel at Yale, New Haven, CT

Newsletter Deadlines
The deadlines for stories for the Q3 2008 issue of the NEHES Newsletter have been established to allow plenty of time to publicize the 2008 Fall Conference:

By August 15, 2008: stories and story ideas sent to Debbie Sullivan
By August 30, 2008: newsletter to be mailed.

Any and all ideas for stories should be submitted to debbie-sull@ncrr.com or dgarrison@chfn.org.

Thank you very much for your support of the NEHES Newsletter.
NEHES to Recognize Outstanding Members with New Lifetime Achievement Awards

One of NEHES President Fred Leffingwell’s goals this year was to create Lifetime Achievement Awards for Active or Honorary NEHES members, individuals who have made significant contributions through leadership, accomplishments, local chapter involvement, and innovation in the fields of healthcare engineering and facilities management.

Fred hopes to present the first award during the Awards Banquet October 9 during the 2008 Fall Conference in New Haven, CT, and is calling on NEHES members for nominations.

The achievements of these members are especially significant this year as NEHES celebrates the 50th anniversary of its founding in 1958. NEHES’ first meeting was held at the Parker House in Boston in conjunction with a New England Hospital Assembly meeting.

NEHES’ formation and its continued growth pay tribute to the strong involvement engineers have always had in the Society, Fred said.

Now he believes the time has come to recognize the exemplary NEHES members who are 1) Active or Honorary Members, 2) have been a NEHES member for at least 10 years of continuous membership at the time of application, 3) have been a member of a NEHES affiliate chapter for five years or more of continuous membership, and 4) have held three Board positions at the NEHES level and at least one Board position at their State chapter level.

To locate the Lifetime Achievement Nomination Form, go to www.nehes.org, click on News and Events at the top of the page, and scroll down to find the story and the form.

NEHES Chapter Excellence Awards Deadline is August 1

By Fred Leffingwell, CHFM
Director, Facilities Planning and Management
Lawrence & Memorial Hospital
New London, CT,
2008 NEHES President

Based on accomplishments between January-December 2007

About the Chapter Excellence Award
This program was developed to provide a means of recognizing State Chapters for their efforts in supporting the mission and goals of NEHES. This awards program acknowledges chapter accomplishments and rewards chapters for their contributions.

Applications for the Award
All applications for the 2007 Chapter Excellence Award must be submitted to the NEHES President no later than August 1, 2008. Once all applications have been processed, NEHES will send electronic notification to the chapter presidents no later than August 30, 2008, announcing the status of their application.

Acknowledgment of Your Chapter Excellence Award
Recipients of the Chapter Excellence Award will be recognized during the NEHES Annual Fall Conference Banquet ceremonies on Thursday, October 9, 2008.

Criteria for receiving the Chapter Excellence Award
1. 50% of state chapter members are also NEHES members.
2. Chapter President must maintain active NEHES membership.
3. Attendance at a minimum of five (5) NEHES Board of Directors meetings by a state chapter representative.
4. Attendance at the annual planning retreat by at least one chapter representative.
5. Attendance at the annual meeting by at least one chapter representative.
6. Offer a minimum of 6 hours of annual educational programming.
7. Hold at least six (6) state chapter meetings annually.

Awards
1. A commemorative plaque in recognition of your achievement.
2. Two (2) complimentary waivers to attend the 2008 Fall Conference.
3. Two (2) complimentary waivers to attend the 2009 Spring Seminar.
4. Two (2) complimentary one-year NEHES memberships.
5. Promotion in the fourth quarter NEHES Newsletter as well as on the NEHES website.

Go to www.nehes.org to find the application on the home page at the bottom.

Win a Prize for Your Newsletter Article

The NEHES Board of Directors has come up with an innovative solution to reward active Society members who contribute high quality articles to The NEHES Newsletter — a $200 cash prize to be awarded at the 2008 Fall Conference.

Judges in the competition will be Don Garrison, SASHE, CHFM, Newsletter Editor and Web Manager, and Debbie Sullivan, Newsletter Publisher.

Member articles eligible for the contest will be those submitted for the Q1 newsletter, the Q2 newsletter, and the Q3 newsletter, due out in August 2008.

Gene Cable, P.E., CPE, the NEHES Liaison to NFPA, won the first best article prize at the 2007 Fall Conference.

So get the computer keys tapping and submit your best entries to dgarrison@chfm.org or to debbiesull@nc.rr.com.

Visit www.nehes.org often for news updates, jobs, and calendar items!
Congratulations to Five New CHFMs
With Combined Service of More than 125 Years in Health Care

Five NEHES members have recently passed their Certified Healthcare Facility Manager exam. Other NEHES CHFM recipients’ names were received too late for publication and will be highlighted in the September Q3 issue of the NEHES Newsletter.

The five are:
- John Crowley, SASHE, CHFM (top right), Director of Facilities, Caritas Norwood Hospital, Norwood, MA;
- Don Garrison, SASHE, CHFM, (at right), Chief of Facility Management, Franklin Community Health Network, Farmington, ME;
- Gary Gerow, CHFM (not pictured), Director of Facilities, St. Joseph Healthcare, Bangor, ME;
- Steve Jalowiec, P.E., CHFM (at right), Administrative Director of Facility Operations at Waterbury Hospital, Waterbury, CT; and
- Ron Vachon, SASHE, CHFM (at right), Director of Facilities Management, St. Andrews Hospital and Healthcare, Boothbay Harbor, ME.

In addition to NEHES and its state chapters, several other healthcare organizations count one or more of the new CHFMs as members—ASHE, NFPA, NFPA Healthcare Section, Project Management Institute, National Safety Council, and American Society of Power Engineers, Inc. The NEHES Newsletter asked the new CHFMs about the exam and to share information with other NEHES members who haven’t taken the test yet. Here are their answers.

Why did you pursue CHFM certification?
- Just to see how I would do.
- Recognition and personal satisfaction.
- Because it is a respected designation in the Facility Management field.
- In the past I viewed obtaining the CHFM as primarily a personal decision for Facility Managers, and felt that it was more for those who were trying to beef up their resumes and starting their careers. Even though I was proud to be a charter member on the AHA CHFM task force and item writing committee, I felt that taking the exam at that time would not validate my knowledge. Since I was not looking to build my resume, I procrastinated. About a year ago I was doing work for a hospital and the CHFM was going through IRB approval and I was told that I would take the exam. I wasn’t being questioned about my knowledge, but in my opinion CHFM had become the ‘gold standard’ for competency and, so I decided to take the exam. I admit that I was nervous. I haven’t been tested like this for many years, and even though I feel competent in my duties, my knowledge is based on the paradigms of my environment, and I didn’t know how the test had changed since the CHFM task force had created it.
- I thought it would be an interesting challenge and wanted to support the effort to strengthen the profession.

What do you think is keeping more facility managers from pursuing this certification?
- I think the cost keeps people from taking the test.
- Unsure of passing.
- Time, unsure of ability to do well on the test, and the cost.
- Many, like me, who have been doing this for a while, didn’t really have a good reason for putting ourselves through the stress of taking an exam and, of course, the fear of failure. In my case, the VP of Finance was focused on it and because of that, I wanted to demonstrate my competency. If there is knowledge of the CHFM program in your facility, take the exam.
- In speaking with other Facilities Directors and Assistant Directors, and in recent discussions via the ASHE list serve, there appear to be two main reasons: 1) Too busy to schedule the time for the preparation and test and 2) Not sure if the individual’s knowledge base is broad enough to pass. In answer to these objections I would suggest that the test itself is relatively short and there are numerous opportunities to schedule a test at a time and location convenient to anyone. Further, I would not hesitate to have any of the members in NEHES take this test, as I know they have the knowledge and experience needed to pass.

How did you prepare for the exam?
- I prepared for the exam by looking through the AIA manual, NFPA 101, and the sample questions.
- Review of applicable healthcare code publications.
- Took the self-assessment exam.
- There is really no programmed course of study to prepare for this exam yet. ASHE is trying to get a FM program together that focuses on our body of knowledge. I am sorry to report that aren’t there yet, but will be there eventually. You don’t really need to wait for that because chances are you are already ready to take the exam. If you tried to study for the codes and standards section, which is only one part of the exam, this information would fill bookcases. It would be difficult -- no, impossible -- to know everything about everything.
- I remember years ago when we were writing the test and Steve Cutter, who was also on the committee, was creating a question about a simple electric circuit and he asked me, "What is this?" I responded, "It’s a holding relay." He disagreed and called it "a latching relay." After way too long of a debate, we agreed that it could be called both. I don’t know if that question is on the current exam but it gives you an idea of how granular things get and how important it was to develop these questions in a group. I digress, but my point is that you will not see misleading or trick questions.
- I guess I would prepare by taking the CHFM hand booklet (online) and look at the five sections: Compliance, Planning Design and Construction, Maintenance and Operations, Finance, and Administration. Look in your office bookcase and grab the information that you most often reference and review it. (101 sections that apply, 2006 guidelines, etc.). Sample test questions you see in the handbook are pretty accurate for the depth of the questions, but they really do not give an adequate preparation for the full variety of topics. I have to say that the committee has done a good job keeping questions current with current codes and industry guidelines.
- I reviewed the CHFM application manual, which included some sample questions.

(To Page 11)
Where did you take the exam?  
At H&R Block. ASHE has also been giving pencil tests at National Conferences and some regional meetings.

Did you take the online self-assessment first?  
Most did look at the questions on the online self-assessment, to build their confidence.

What feedback about the exam do you have for other engineers?  
> Work hard at your profession and you will learn what is needed for the exam.  
> It's the experience that really counts since the scope of the exam covers many topics which would be very difficult to actually prepare for by reading.
> If you are an experienced FM you should be able to pass the test.
> It was easier than anticipated.
> It was pretty straightforward and there was adequate time to do the test and go back to answer questions that might not be clear or you need to think about further. The subject matter is well within the knowledge set of most engineers and facilities directors and there is a broad enough spread through the different areas to allow for some "weak" areas.

Would you advise other engineers to pursue certification?  
> Yes, for younger engineers; perhaps not for engineers who are later in their careers and are set with their job.
> Yes, the more hospital FM's who have the designation, the more hospital Administrations will compensate engineers who have it.
> If you are worried about failing, take it at one of the test centers and don't tell anyone you took it unless you pass. If you have been performing in an Engineering/Facilities leadership role in Healthcare and have been doing so for more than three or four years, take it.
> I wholeheartedly encourage all engineers to pursue the CHFM as both recognition of their own professionalism and to help promote ASHE and NEHES.
>

The American Hospital Association Certification Center (AHA-CC) conducts the CHFM program with collaboration from ASHE and others. More than 800 U.S. facility managers have the CHFM designation and ASHE hopes to increase that number to 2010 by the year 2010.

For more information about the program, see http://www.aha.org/aha/Certification-Center/CHFM/index.html.

---

Welcome, New Members

**From Connecticut**  
**Brian Croghan**  
Director of Facilities  
Sharon Hospital  
Sharon, CT  
brian.croghan@sharonhospital.com  
(860) 364-4171

**Michele M. Deane**  
Associate  
Gosselin Associates, LLC  
Mystic, CT  
michele@gosselin-associates.com  
(860) 536-7667

**Kerry W. Kerr, CHFM**  
Director, Engineering (Interim)  
Hartford Hospital  
Hartford, CT  
kerr@hartshosp.org  
(830) 545-3475

**Noel G. Petra**  
Project Manager  
Petra Construction Corporation  
North Haven, CT  
petra@petraconstruction.com  
(203) 865-6043

**Mark J. Petrone**  
Environment of Care Coordinator  
University of CT Health Center, John Dempsey Hospital  
Farmington, CT  
petrone@uchc.edu  
(860) 679-8334

**Stephanie Wnek**  
Marketing Coordinator  
O, R, + L Construction  
Branford, CT  
swnyk@orlconstruction.com  
(203) 643-1039

**From Maine**  
**Ken Albert**  
Director of Facilities Management  
Goodall Hospital  
 Sanford, ME  
kalbert@goodallhospital.org  
(207) 490-7014

**Andrew W. Arsenault**  
Engineer  
Alfieri Proctor Associates  
Kennebunk, ME  
aarsenault@apav.com  
(207) 985-9090

**Daniel Bickford**  
Regional Director of Engineering  
Central Maine Medical Center  
Lewiston, ME  
bickfoda@cmhc.org  
(207) 795-7173

**Randall B. Charpentier**  
Principal Consultant  
HealthSafe New England  
Lewiston, ME  
rcharp@hsnelle.com  
(207) 786-0803

**Michael J. Chonko, P.E.**  
Mechanical Discipline Leader  
SMRT  
Portland, ME  
mchonko@smrtinc.com  
(207) 772-3846

**Bill Conary**  
Director, Engineering, Maintenance and Security  
Maine Coast Memorial Hospital  
Ellsworth, ME  
bconary@mainehospital.org  
(207) 664-5442

**Brent Dudley**  
Manager Energy Services  
Trane  
Westbrook, ME  
brent.dudley@trane.com  
(207) 653-8420

**Katherine M. Everett, P.E.**  
Senior Mechanical Engineer  
SMRT  
Portland, ME  
keverett@smrtinc.com  
(207) 772-3846

**Brian Gay**  
Supervisor, Plant & Engineering  
Mercy Hospital  
Portland, ME  
gayb@mercy.me.com  
(207) 822-2455

**Matt Jacobs**  
President  
Northeast Coils, Inc.  
Limerick, ME  
matt.jacobs@northeastcoils.com  
(800) 793-4530

---

*(To Page 12)*
(From Page 11)

Richard Kapise  
Supervisor, Plant & Engineering  
Mercy Hospital  
Portland, ME  
kapise@mercyne.com  
(207) 879-3531

Michael Legere  
Director of Plant Operations  
Penobscot Valley Hospital  
Lincoln, ME  
mlegere@pvhme.org  
(207) 794-7264

Philip Meyer  
Sales Engineer  
Nason Mechanical Systems  
Auburn, ME  
pmeyer@nasonmechanical.com  
(207)782-0727

From Maryland  
Joseph Savini  
Safe Check Consultant  
Safe Check East, Inc  
North East, MD  
jsavini@safecheckss.com  
(866) 723-8911 ext. 25

From Massachusetts  
Bob Bouchard  
Application Engineer  
Eaton Corp.  
Franklin, MA  
bobjbouchard@eaton.com  
(774) 235-0241

Dann M. Boyer  
Chief Engineer  
Sturdy Memorial Hospital  
Attleboro, MA  
dboyer@sturdymemorial.org  
(508) 236-8575

John J. Carciero  
Director of Facilities  
Holy Family Hospital  
Methuen, MA  
john.carciero@caritaschristi.org  
(781) 439-9811

Gary Cote  
Vice President of Sales  
Galaxy Integrated Technologies  
Brighton, MA  
garyc@galaxyintegrated.com  
(617) 202-6388

Kirk B. Creswell  
Manager Clinical Engineering  
Baystate Health  
Springfield, MA  
kirk.creswell@bhsi.org  
(413) 794-8022

Edward Holden  
Director Support Services  
Northeast Health Systems  
Beverly, MA  
eholden@nhs-healthlink.org  
(978) 375-2928

Kristopher Leonard  
Senior Project Manager  
Bovis Lend Lease  
Boston, MA  
Kris.Leonard@bovislendlease.com  
(617) 504-4493

Shawn MacDonald  
Manager of Business Development  
Dimeo Construction Company  
Boston, MA  
smacdonald@dimeo.com  
(617) 502-3093

Matthew P. Martin  
Director of Healthcare Strategies  
A.J. Martini  
Winchester, MA  
mmartini@ajmartini.com  
(781) 569-6900

Stephen W. Nicholas  
President  
Air Industries, Inc.  
North Andover, MA  
nicholas@airrinstall.com  
(978) 682-9993

Ralph Pelosi  
Manager, Facility Planning & Projects  
Massachusetts Eye and Ear Infirmary  
Boston, MA  
(617) 573-3218

Nicole Ponte  
Healthcare Division Manager  
Peabody Healthcare  
Boston, MA  
(617) 542-1902

Matthew Ward  
Supervisor/Manager  
Northeast Health Systems/ Beverly Hospital  
Beverly, MA  
mward@nhs-healthlink.org  
(978) 836-6682

Ron Ward  
Manager of Plant Operations  
Beverly Hospital at Danvers  
Danvers, MA  
(978) 774-4400

Andre Weker  
Business Development Manager  
Marxcor Remediation, Inc.  
Wilmington, MA  
weker@marxcor.com  
(978) 657-5445

Michael C. Wilson  
Supervisor  
Dana-Farber Cancer Institute  
Boston, MA  
michael_wilson@dfci.harvard.edu  
(617) 582-7679

Joseph Woszczyna  
Director, Facilities Management  
Boston Medical Center  
Boston, MA  
joseph.woszczyna@bmc.org  
(617) 414-2192

Timothy Bishop  
Maintenance Supervisor  
Riverwoods at Exeter  
Exeter, NH  
tbishop@riverwoodsarc.org  
(603) 658-1504

Robert E. Duval, P.E.  
Chief Engineer  
TFMoran Inc.  
Bedford, NH  
rduval@tfmoran.com  
(603) 472-4488

James R. Hall  
Maintenance Manager

Concord Hospital  
Concord, NH  
jhall@crhc.org  
(603) 227-7198

Thomas Howard  
Business Development  
Jewett Construction  
Raymond, NH  
thomas@jewettconstruction.com  
(603) 895-2412

Jim Magoon  
Plant Operations Manager  
Concord Hospital  
Concord, NH  
jmagoon@crhc.org  
(603) 415-6606

Jona Roberts  
Engineering and Operations Manager  
Dartmouth-Hitchcock Medical Center  
Lebanon, NH  
jona.roberts@hh.org  
(603) 650-8457

Jonathan Willard  
President  
Certified Medical Gas Services  
Weare, NH  
jwillard@certmedgas.com  
(603) 529-3322

From Rhode Island  
James M. Grasso  
President  
SilentSherpa  
Saunderstown, RI  
jgrasso@silentsherpa.com  
(401) 284-4534

From Vermont  
Jesse Beck, AIA, NCARB  
President  
Freeman French Freeman  
Burlington, VT  
jbeck@ffinc.com  
(802) 864-6844

Leah Rafuse  
Clinical Engineer  
UVM Technical Services Program  
Burlington, VT  
leahrafuse@uvm.edu  
(802) 656-3255
Report from NFPA Annual Conference

By Eugene Cable, P.E., FPE
Life Safety Consulting
Averill Park, NY
NEHES Liaison to NFPA

Gene Cable, P.E., FPE submitted this report to the NEHES Board of Directors recently after attending HITF and Code meetings.

HITF:
An IMPORTANT official determination from George Mills (The Joint Commission) based on research with NFPA 80 folks:
1) Fire door frames: can be unlabeled, no label required, if frame was installed prior to 1968.

2) HITF decisions and non-decisions:
HITF meeting results — it was a “brutal meeting” to sit through, unusually long discussions back and forth with engineers trying to write precisely written answers. Dave Dagenais was there for most of it as well. As usual, we really don’t know official results until the decisions/minutes are published.

B-1, ITM Frequencies, could not decide, will be referred to NFPA for action.
Joint Commission has published semi-annual means 6 months +/- 20 days; annual means 1 year +/- 30 days. Roughly 10% leeway on either side.

B-2, Existing interior finish? Retro requirements, they think not, but must go to NFPA Committee for formal interpretation, Robert Solomon would not let HITF decide this one.

B-3, Existing fire alarm systems have to comply with 10 “new” 10 second rule action delay time: NO
B-4, Alcoves and combustibles, they re-wrote the questions very carefully. combustibles can be stored in alcoves as long as it does not become excessive in amount and type.
B-5, Bare steel in attics, this is OK following same exception for wooden attics, but Robert uncomfortable and will run this by NFPA staff before decision becomes official.
B-6, Mental health key lock, is OK even though two actions to open door.
B-7, Fire extinguisher tags, 30 days? New NFPA 10 stricter. Decided can place only the month and year on tag.
B-8, Alcohol based hand rubs, technically no restrictions for Business Occupancies — we need to see how this will be worded.

NFPA 90A
Motion 90A-4 and 90A-5
The NEHES Board vote was tied 4 accept and 4 reject, so I did not speak on the subject.
Dave Dagenais, on the other hand, did speak to ACCEPT the motion as representing the NFPA Health Care Section, the health care section met Monday morning and voted to accept this motion to reject new Code to require combination fire/smoke dampers at all vertical shaft penetrations. Leave them as fire dampers only.
Result: NFPA floor vote was 116 to 80 to accept the motion (there were 40 smoke damper folks that stacked the deck for the vote). But I know the system — even though the floor vote was to keep only fire dampers in the Code, the floor vote was not lopsided enough to reverse the Committee decision. I am 80% sure combination fire/smoke dampers will be in the 2009 NFPA 90A.

Motion 90A6 – 90A10
NEHES Board vote was unanimous to reject this motion and reject smoke dampers at ALL fire barrier walls, including non-sprinklered corridor walls.
Here is my statement to the floor, but I didn’t get a chance to present it because the motion was withdrawn by the individual. I believe he saw the vote for motion 90A-4 and 90A-5 and decided he didn’t have a chance.

Gene Cable, Fire Protection Engineer consultant, speaking on behalf of NEHES:
We are in opposition to the motion.
The original proposal is apparently intended to address all fire resistive assemblies, floor assemblies, building separation fire barriers, exit passageways, hazardous area 1-hour fire barriers, and even all corridor walls for non-sprinklered areas where the corridor walls must be fire rated.

This would be a substantial additional requirement. The cost for smoke dampers would also include cost for numerous duct smoke detectors and associated interface with the fire alarm system. This could mean hundreds of these where every single HVAC duct penetrates a corridor wall. Additionally, we are very concerned about the associated ongoing maintenance and testing burden. We are not at all convinced the life safety benefit justifies the installation cost and ongoing maintenance burden.

The Life Safety Code takes into account the total package of life safety fire protection features; for example, is there any benefit from hundreds of smoke dampers where the building is totally sprinkler protected. We believe the 904 code currently addresses smoke dampers reasonably. If there is to be a change, we would rather hear it from the Life Safety Committees where we would have a much higher confidence that the total life safety package is taken into account.

We support the original committee action to keep Code as is, no new smoke damper requirements, and urge your vote to reject this motion.

NFPA 101
Concerning Life Safety Motions for tomorrow

Motion 101-2, wider stairs for new
The NEHES Board was exactly tied, so I do not plan to speak on the subject, at least not on behalf of NEHES.
This will be an interesting floor discussion and vote. My personal opinion is in favor of the motion.

Motion failed, stairs stay 44 inches

Motions 101-6 and 101-7, furnishings cigarette resistance even in sprinklered buildings, NEHES was unanimous to reject in both
(To Page 2)
Cogeneration Heat, Electricity Plant Saves More than $1 Million in 18 Months

Editor’s note: Eastern Maine Medical Center constructed an $8.4 million Combined Heat and Power plant in 2005, expecting to recoup the cost of building and equipping the plant within five years. In August 2006, the NEHES Newsletter contained an article about the project. To get a copy of that article contact debbiebull@ncrr.com. The updated information below is courtesy of EMMC. Jeff Mylen, P.E., CPE, Director of EMMC’s Construction Services, at right, has presented information on the cogen project to Maine’s governor.

In the 18 months since Eastern Maine Medical Center in Bangor installed its cogeneration heat and electricity plant, the hospital’s energy costs have dropped by more than $1 million. The $8.4 million, 3,400-square-foot cogeneration, or cogen, plant supplies nearly all of the hospital’s electricity, heating and cooling needs and has reduced its dependence on the region’s commercial electricity supplier, Bangor Hydro-Electric Co.

When the plant first came online in August 2006, EMMC officials expected it would take about five years for the plant to pay for itself through cost savings.

"At the rate we’re going, it’s going to be a lot less than that," said Scott Humphrey, EMMC’s Plant Operations Manager.

The cogen plant stands on the east side of the hospital complex between State Street and the Penobscot River. It contains a jet engine-size turbine that burns natural gas and draws in air for combustion. A boiler captures the exhaust and uses it to make steam, which is sent to the hospital to heat the buildings and water and to operate its laundry and sterilizing equipment.

The turbine produces up to 4.6 megawatts of electricity at any given time, enough to run 46,000 100-watt bulbs. The plant provides 95 percent of the hospital’s electricity, 90 percent of its heat, and 30 percent of its air conditioning.

By generating both heat and electricity with just one fuel source, EMMC is able to maximize the efficiency of the fuel, essentially "getting two bangs for the same buck." The turbine has the ability to burn oil as well. EMMC’s fiscal year 2007 heat and power bills totaled $800,000 less than those in fiscal year 2006. EMMC believes the cogen plant saved $1.6 million in anticipated heat and power costs in fiscal year 2007, because prices that year would have continued to rise above the 2006 figures.

The cost savings are enhanced by EMMC’s "locking in" natural gas prices at a two-year low and committing to energy-reducing operating strategies, the hospital said. The goal of the plant is to reduce energy costs and pass savings on to patients, Humphrey said.

Maine Gov. John Baldacci’s office asked Jeff Mylen, the Director of EMMC’s Construction Services and a NEHES member, to make a presentation on the cogen project in a panel at the Governor’s Energy Efficiency Summit in April. Jeff participated in a panel discussion on opportunities to use combined heat and power technologies for energy efficiency.

For information about the plant, visit www.emmc.org and look for the EMMC cogen button at the bottom of the left navigation bar.

Report from the ASHE Region 1 Director

By Ron Vachon, SASHE, CHFM
Director of Facilities Management
St. Andrews Hospital and Healthcare
Boothbay Harbor, ME,
ASHE Region 1 Director

Dear members,

The ASHE Board of Directors met March 8 and 9 at Gaylord Palms Resort & Conference Center in Orlando, FL.

I am happy to report again that ASHE is growing in membership (in the mid 9,500 range now) and in industry prestige from our many contributions to the profession. This is a wonderful problem but staff has been challenged with organizational capacity pressures and occasional delays in responding to your e-mails and requests. Please, if I can be of any assistance, give me a call. This growth has other societies coming to us for affiliation, too. The ASHE Board carefully reviews all requests to assure a win-win relationship. Many of these partnerships are beneficial, and the Board realizes that ASHE’s resources and energies need to be stay focused on our mission and customer base. Many relationships with organizations such as ASHRAE, CDC, EPA, and others have yielded great industry benefit.

Board members remain focused on supporting chapters and overcoming the challenges of reaching all their chapters. Chapters are a key part of the strategic plan and ever more necessary to connect with and share information. Chapters develop leaders and identify advocacy items. Efforts are being made to review resources to continue streaming communications to chapters.

(To Page 3)

NFPA Meeting
(From Page 1)

cases. Dave Dagenais said that the NFPA Health Care Section also will vote to reject. There were only three votes from NEHES on this so I’m not sure I should speak for NEHES. I’ll check with Dave tomorrow to see what he thinks.

Motions failed, no change in new Code.

Find the Text of an NFPA Code or Standard

To access NFPA Codes and Standards for free:
• Go to www.nfpa.org/aboutthecodes/list_of_codes_and_standards.asp
• Then to: Find an NFPA Code or Standard
• Then: Search by Document Number or Title or Revision Cycle
• When you reach the desired Code or Standard page, you will see the Scope of the document at the top of the page.
• Scroll down to the bottom of the page to Additional Information about this document and click on View the 2008 (or appropriate year) edition of the document.
The Advocacy Highway initiative as discussed at last year’s Chapter Leadership Forum is one of the ways that chapters can maintain contact with and provide information to ASHE’s national advocacy group.

Our University Task Force is working to establish resources to develop and partner with universities toward a formal curriculum/track for Healthcare Facilities Managers. This will help to address succession planning concerns. This will be a three-year project that just started in May. The first Facilities Manager Healthcare Construction Project Manager (HCMP) program was held in November 2007. Unfortunately, there were more contractors in attendance than facility managers. It is important that the word gets out to the facility managers about this program. There will be 10 Healthcare Construction Certificate (HCC) programs around the country in 2008. An HCC for Subcontractors c-learning program, sponsored by DuPont, will be debuting. Look for information on the ASHE website.

The CHFM task force is in review stage with the AHA Certification Center, and ASHE is committed to continue promoting the program. Currently, there are over 800 CHFMs in the country, a steady growth in the number of certificate holders. ASHE has set a goal of 2010 CHFMs by the year 2010. Many Facilities Management jobs posted now look for CHFM as a qualification. A small amount of CHFM exam tickets will again be given away this year. They will be available for the Annual Conference.

ASHE is now working with the Facilities Guidelines Institute (FGI) on the next Guidelines for the Design & Construction of Health Facilities. AHA supports this project and publication starts in 2010.

Sponsors are asking ASHE to raise the bar on their contributions to the Society, from efforts to bundle advertising opportunities to utilizing sponsors’ assets to improve the healthcare facilities management field. Sponsors want more than just advertising. They want to tap into the members and their experiences to better understand issues in the field so they can develop and improve products to meet those needs. The Society in turn will gain access to information on new and emerging technologies, which can springboard into new products and services for the members. There is caution, as we do not want to imply endorsement of a company or product. Endorsement will not be implied from the Society or endorsement of the Society from the sponsor.

Again drew a record turnout of attendees; it was just a fantastic venue and, again, the conference has been recognized as one of the largest professional conferences in the country. A PDC Summit October 10-11, 2008 will bring together industry luminaries, CEOs, and healthcare leaders in a think-tank environment to identify the many opportunities for education and networking, including the exhibition of the Green Patient Room, and to develop a common vision of where we want to see healthcare in the future.

Candidates for ASHE President-Elect are Jeffrey L. Arthurs, CHFM, CHSP, SASHE; Terry L. Martin, CHFM, SASHE; and Edward J. McKenzie, CHFM.

I have requested that NEHES receive recognition during the ASHE Annual Conference July 20-23, 2008 at the Gaylord National Hotel & Convention Center, Washington, DC, because 2008 is our 50th anniversary.

The Nomination Committee met and candidates for Region 1 Director are Fred Lefingwell, CHFM, Director, Facilities Planning & Management, Lawrence & Memorial Hospital, New London, CT; and Dana Swenson, P.E., MBA, Senior Vice President, UMASS Memorial Health Care, Worcester, MA.

When asked by candidates what this two-year position involved, I offered the following:

1. If elected to serve at the national level, you will benefit your facility by:
   • Becoming a nationally recognized leader in healthcare facilities management
   • Expanding your knowledge base to bring cutting-edge education into your facility
   • Having access to a national network of healthcare professionals for knowledge and visibility
   • Honing of leadership skills at a strategic and policy level.

2. The specific responsibilities of a Board member are to:
   • Set policy and direction for the Society
   • Act as a liaison between the region and the ASHE Board
   • Represent the interests of the region at the Board level
   • Serve as a technical resource for the Society’s programs
   • Provide leadership to Society committees.

3. In fulfilling these duties, a Board member is required to:
   • Serve a two-year term after which they are eligible for re-election
   • Attend a Board orientation and three Board meetings per year
   • Attend the Annual Conference and committee meetings as assigned
   • Issue regional newsletters

• Visit the chapters in the region at least once during the term of office
• Prepare written and verbal reports of activities for each Board meeting
• Carry out projects as assigned by the President.

4. The total time commitment for a Board member is approximately four to five weeks per year. In an effort to minimize the impact on work hours, many meetings encompass all or part of a weekend or are held outside of normal business hours. ASHE provides financial support for Board members’ attendance at Board orientation, three Board meetings, ASHE’s Annual Conference, International Conference & Exhibition on Health Facility Planning, Design & Construction, Leadership Institute, and committee and chapter meetings. It is a privilege to represent NEHES Facilities Managers and Supporting membership.

An article will be written for InsideASHE magazine explaining the results of the recent membership survey. The Associate Membership category is up; the Society is almost one-half Associate and one-half Professional Active members.

The task force to create the 2010 – 2012 Strategic Plan will meet this fall to begin the planning process.

From our membership, program attendance, and activity in publications and web site, it looks like we are delivering what you want and need. If you have any suggestions or requests, please do not hesitate to contact me at RonV@standrewshealthcare.org. Thank you for allowing me to be your representative to ASHE.

Presenters at ASHE Conference
Roger Boyington, P.E., Director of Engineering Services at Maine Medical Center, Anand K. Seth, P.E., CEM, President, Northeast Region, Sebastra Blomberg, and Nick Valls, Senior Facility Manager, Sebastr Blomberg, will present "Retro-Commissioning Case Studies: From Worst to First" July 22 during the ASHE Conference. Their session will answer the questions: 1) Why are my operating rooms not in compliance with the ASHRAE guidelines and 2006 Guidelines for Design and Construction of Health Care Facilities? and 2) Why does Risk Management and Infection Control look to me whenever infection rates become an issue in the operating theatre?

Member Helps Plan Conference
Steven D. Cutter, CHFM, MBA, Director of Biomedical and Facilities Engineering at Dartmouth-Hitchcock Medical Center, helped plan ASHE’s Annual Conference as a member of the Conference Planning Task Force.
Advocacy Corner

New Interpretation: When Epinephrine Salts and All Delivery Devices Which Contact Them Would Become Hazardous

A new RCRA (Resource Conservation and Recovery Act) interpretation concerning epinephrine salts has been released online at: http://yosemite.epa.gov/osw/rcra.nsf/0c994248c239947e85256d090071175f6a5dedf2ba246e68525744b0045b4af/ OpenDocument

The release follows the EPA’s October 2007 regulatory update and its March 2008 clarification concerning epinephrine salts. Both documents can be accessed by going to www.nehes.org and clicking on the News & Events tab at the top of the page.

The new RCRA interpretation, issued on April 14, 2008, came in response to a Montana business’s request for clarification of the December 1994 epinephrine syringe interpretation (RCRAOnline # 13718) and states, in part:

Thank you for your letter of February 20, 2007, in which you request a clarification on the December 1994 epinephrine syringe interpretation (RCRAOnline # 13718). Specifically, you requested that this interpretation be extended to other P- and U-listed drugs.

The 1994 epinephrine syringe interpretation states that the residual epinephrine contained in a used discarded syringe is no longer classified as a listed hazardous waste. This interpretation does extend to other P- and U-listed pharmaceuticals administered by syringe. However, please note that if residue remaining within a needle and syringe exhibits a characteristic, the needle and syringe would need to be managed as a RCRA hazardous waste. This interpretation only applies to syringes.

Finally, it is also important to note that the Agency has recently clarified that epinephrine salts are not included in the epinephrine PO42 listing. Therefore, epinephrine salts and all delivery devices which contained them would be hazardous only if they exhibited one or more of the hazardous wastes’ characteristics* [see “Scope of Hazardous Waste Listing PO42 (Epinephrine),” RCRA Online # 14778].

As with all federal RCRA interpretations, it is advisable that you contact your state or other local authority as their interpretation may differ from, or be more stringent than, this federal interpretation. Please contact Lisa Lauer at (703) 308-7418 or lauer.lisa@epa.gov if you have any further questions.

Sincerely,
Robert Dellinger, Director
Hazardous Waste Identification Division
Office of Solid Waste

*For definitions of characteristics, see http://www.hrcenter.org/zhazmat/hazdeterm.cfm#characteristic
“Hazardous” is defined as exhibiting a characteristic or is on the P list or U list.

Health Care Institutions Undertaking Efforts to Reduce Polyvinyl Chloride (PVC) and/or Di(2-Ethylhexyl) Phthalate (DEHP)

Health Care without Harm recently updated its list of hospitals undertaking efforts in this area. Newly added to the list is Dartmouth-Hitchcock Medical Center in Lebanon, NH, which joins two other New England hospitals already on the list: Brigham and Women’s Hospital and Dana-Farber Cancer Institute, both in Boston. The current list is available at http://www.noharm.org/details.cfm? type=document&id=1332.

New Federal Ozone Standard Likely to Impact Connecticut More than Other States

All facility managers should be aware of new, more stringent federal ozone regulations adopted by the EPA that were revised March 12, 2008 and went into effect May 27.

EPA has revised the national ambient air quality standard for ozone to a level of 0.075 parts per million (ppm), averaged over 8-hours. The previous standard, set in 1997, was 0.08 ppm. EPA plans to designate areas as meeting or not meeting the new standard in 2010. States not meeting the standard must submit State Implementation Plans outlining how they will reduce pollution to meet the standards by 2013.

More information is available at http://www.epa.gov/groundlevelozone/actions.html#mar07.

Steve Jalowiec, P.E., CHFM, the NEHES Advocacy Liaison, is concerned that the change in the standard could affect generator testing in areas with high ozone levels. "The resulting difficulty in testing may only be applicable to Connecticut," Steve said. "It is connected to regulations in Connecticut that prohibit us from testing our emergency generators on days when the ozone levels are forecasted to be above federal standards. A couple of our state hospitals have had to postpone testing already early last week.

"Connecticut DPH and CMS have stated they will waive testing requirements for Connecticut hospitals as long as they can clearly show that missing a required test was due to the new requirements. We have asked the Connecticut Hospital Association to contact The Joint Commission in hopes of a similar ruling. This link takes you to the CT DEP website for the daily forecast: http://www.ct.gov/dep/cwp/view.asp?a=2222&q=414152&depNav_GID=1619."

Steve has sent the following message to the EPA on behalf of NEHES members and is waiting for a response:

"We expect that this change in the ozone standard will cause potential regulatory compliance issues for hospitals in Connecticut. As you may be aware, hospitals must follow codes requiring monthly load testing of emergency generators as enforced by The Joint Commission, Centers for Medicare & Medicaid Services, and our State Health Department. This code requires these tests to be performed 12 times annually, not less than 20, and not more than 40 days apart. Since this new ozone level will, at least in Connecticut, increase these days from about 17 to 43, it is very likely that there could be weather conditions which would make it impossible to meet the testing requirements. This could jeopardize hospitals' accreditation with all of these regulatory agencies. While no one can argue the potential health benefits of this new standard, it is clear it could become a regulatory burden for hospitals. Please see what you can find out about the how and why of this new standard and whether or not some type of relief could be given for hospitals. Since the ozone problem is generally a daytime issue, perhaps we could be allowed to run the tests at night when the air quality should be more moderate. Currently, I do not believe either the federal or local Connecticut DEP forecasts differentiate during daytime and night time."
Advocacy Corner

NPFA Requires a Supply of at Least Six Spare Sprinklers

While automatic sprinklers have an enviable record of reliability against accidental discharges, occasional physical damage and small fires may require that one or more sprinklers be replaced on short notice.

(To Page 6)

Steve Jalowiec, P.E., CHFM, Director of Engineering at Waterbury Hospital, Waterbury, CT, is the 2008 NEHES Advocacy Liaison. He reports on advocacy initiatives of interest to NEHES members. Send ideas for future stories to Jalowiec @wthbyhosp.org

EPA Issues New Emissions Standards for Hospital Ethylene Oxide Sterilizers, Then Follows with Update

On December 28, 2007, the Environmental Protection Agency (EPA) issued national emission standards for hospital ethylene oxide sterilizers. The National Emission Standards for Hospital Ethylene Oxide Sterilizers is codified at 40 CFR Part 63, Subpart WWWW. These standards apply to any new or existing hospital ethylene oxide sterilization facility that is an area source (non-major source) of hazardous air pollutant (HAP) emissions.

Below is a summary of the various compliance requirements of the new standards, including notification, recordkeeping, and reporting requirements.

1. The final rule issued by EPA sets forth a management practice standard that requires that a hospital ethylene oxide sterilization facility sterilize full loads of items that have a common aeration time, except where medical necessity dictates the use of less than a full load to protect human health. The determination of medical necessity must be made by hospital central services staff, a hospital administrator, or a physician on duty.

2. For each sterilization unit not equipped with an air pollution control device, continuous compliance with the management practice standard (see Item 1 above) must be demonstrated by recording the date and time of each sterilization cycle, whether each cycle contains a full load of items, and if not, recording a statement from hospital central services staff, a hospital administrator, or a physician that the sterilization cycle was medically necessary.

3. For ethylene oxide sterilizers operated without an air pollution control device, initial compliance with the management practice standard must be demonstrated by submitting an Initial Notification of Compliance Status to EPA's Office of Air Quality Planning and Standards, and the appropriate EPA Regional Office, as well as the delegated state. The Initial Notification of Compliance Status must certify that full loads of items having a common aeration time are being sterilized except under medically necessary circumstances.

4. For ethylene oxide sterilizers that are operated with an air pollution control device, initial compliance with the management practice standard may alternately be demonstrated by submitting an Initial Notification of Compliance Status to EPA and the DEP in the delegated states that certifies that ethylene oxide emissions from each sterilization unit are vented to an add-on air pollution control device. You must also certify that the control device is operated during all sterilization processes and in accordance with manufacturers' recommended procedures. Please note that sterilizers that use an air pollution control device are not required to keep records of each sterilization cycle as described in Item 2 above.

5. The Initial Notification of Compliance Status must also include the following information: the name and address of the owner or operator; the address of the sterilization facility; identification of the standard and other applicable requirements that serve as the basis of the notification and the source's compliance date; a brief description of the sterilization facility including the number of ethylene oxide sterilizers, the size (volume) of each, the number of aeration units, the amount of annual ethylene oxide usage, the control technique used for each sterilizer (if applicable), and the typical number of sterilization cycles per year; a statement that the affected source is an area source.

6. Facilities with “existing” ethylene oxide sterilizer units must comply with all of the applicable requirements of the regulation (management practice standards and recordkeeping requirements) no later than the compliance date of December 29, 2008. For “existing” units, the Initial Notification of Compliance status must be submitted no later than 180 calendar days after the compliance date (by June 27, 2009). A sterilizer unit is considered to be an “existing” source if the construction or reconstruction of the sterilizer commenced before November 6, 2006.

7. Facilities with “new” ethylene oxide sterilizer units that began operation on or before December 28, 2007 must comply with all of the applicable requirements of the regulation by the compliance date of December 28, 2007. For sources in this category, the Initial Notification of Compliance Status must be submitted no later than 180 days after the compliance date (by June 24, 2008). A sterilizer unit is considered to be a “new” source if the construction or reconstruction of the sterilizer commenced on or after November 6, 2006.

8. Facilities with new ethylene oxide sterilizer units that began operation after December 28, 2007 must comply with all applicable requirements of the regulation upon startup of the source. For sources in this category, the Initial Notification of Compliance Status must be submitted no later than 180 days after the date of startup.

To see the complete text of the Final Rule, go to:
http://frwebgate.access.gpo.gov/cgi-bin/getpage.cgi?
dname=2007_register&position=all&page=7
3611

UPDATE:
EPA headquarters has developed several overview brochures and notification examples for the recent area source rules. EPA just added a brochure for Hospital Sterilizers. Go to
http://www.epa.gov/ttn/atw/area/sterilizers_3_7_08.pdf

There is also an example notification for Hospital Sterilizers. Go to
http://www.epa.gov/ttn/atw/area/inocex.mpplq.doc
100-Year Fort Kent Flood Kept Staff on “Pins and Needles” But Spares the Hospital

Joey Bard remembers Wednesday, April 30, 2008 as being almost like Y2K all over again - the feeling of "being on pins and needles when everyone thought the lights were going out."

Instead, it was 10 p.m. and the town of Fort Kent was very concerned about imminent flooding. Joey, the Director of Facilities at Northern Maine Medical Center in Fort Kent, and other volunteer firemen were going door to door evacuating town residents as the St. John and Fish Rivers swelled from a winter of record snowfall of 200 inches and heavy spring rain. The town of 4,200 sits on the St. John River, which forms the international boundary with Canada, while the much smaller Fish River, which empties into the St. John, cuts Fort Kent in two.

As Joey made his rounds, the St. John crested at more than 30 feet (about five feet above flood stage) shortly after midnight May 1, surpassing the previous record of 27.3 feet set on April 30, 1979. Although no one was killed or injured in what many call a “more than 100-year flood,” hundreds of homes and many businesses and churches were damaged.

By 7 a.m. on May 1, Joey was at his hospital, located 75 feet above the river, where he was worried about the hospital’s water supply, staffing needs, and the integrity of the town’s sewer system. He and his staff quickly realized that their downtown Wellness Center was in danger and they removed all the physical fitness equipment from the center just in time to avoid the rising flood water. “The water got right to the door,” Joey said. He credited a town levee built several years ago with holding the river back. If the river had crested at 31 feet, the levee would have been topped.

"By the end of the day, we had everything for the hospital set up, including a temporary water supply,” Joey said. “We were worried about the computers because we really didn’t have a good backup. It isn’t hospital equipment — it is vendor equipment (FairPoint) that we have no control over. The infrastructure for the whole community is in town and they had some equipment damaged. We lost Internet service for a while the first day.”

NMMC was fortunate: the power never went out and, despite some nurse staffing problems for a couple of days, operations returned to normal quickly.

Joey invites his fellow Facility Managers to read FLOOD 2008 Debriefing Summary/Evaluation prepared by Nurse Jane Rioux for the NMMC Emergency Preparedness Committee and county agencies. The document follows the reporting format recommended by the Aroostook County Emergency Management Agency.

To access the Summary,Evaluation, go to www.nehes.org and click on the NEWS & EVENTS tab at the top of the page, then scroll down to find the Flooding story.

Sprinklers
(From Page 5)

Rather than shutting down a facility’s fire protection and leaving an entire property unprotected, NFPA 13, Installation of Automatic Sprinkler Systems, addresses the problem by requiring that a stock of spare sprinklers be kept on the premises for prompt replacement.

NFPA 13 requires that a supply of at least six spare sprinklers be maintained on the premises so that any sprinklers that have operated or been damaged in any way can be replaced promptly.

The sprinklers must correspond to the types and temperature ratings of the sprinklers in the property, so if there are standard spray uprights, quick response pendants, and Early Suppression Fast Response (ESFR) like those pictured at right, a representative inventory of each must be provided. The sprinklers should be kept in a cabinet located where the temperature to which they are subjected will at no time exceed 100 °F (38 °C). Where dry sprinklers of different lengths are installed, spare dry sprinklers are not required if there is a means of promptly returning the system to service. The stock of spare sprinklers shall include all types and ratings and shall be as follows:

<table>
<thead>
<tr>
<th>Facility Sprinkler Count</th>
<th>Minimum # Spare Sprinklers</th>
</tr>
</thead>
<tbody>
<tr>
<td>Less than 300</td>
<td>6</td>
</tr>
<tr>
<td>300 to 1,000</td>
<td>12</td>
</tr>
<tr>
<td>More than 1,000</td>
<td>24</td>
</tr>
</tbody>
</table>

A special sprinkler wrench for each type of sprinkler must be provided and kept in the cabinet. A list of the sprinklers installed in the property must be posted in the sprinkler cabinet.

HHS Provides More than $1 Billion
HHS has made available nearly $1.1 billion to continue assisting public health departments, hospitals, and other healthcare organizations to strengthen their ability to respond to public health and medical emergencies as a result of a terrorist attack or naturally occurring event. Of that total, the HHS Division of Preparedness and Response (ASPR) is awarding $398 million through the Hospital Preparedness Program (HPP). Go to http://www.hhs.gov/80/news/press/2008pres/06/20080603a.html for the complete release.

Free Electronic Manual from Joint Commission
On January 1, 2009, several positive changes will take effect for accredited organizations. Some changes are a result of the Standards Improvement Initiative (SII) and others are due to ongoing improvements to the accreditation process.

The 2009 program manuals will be available electronically as "E-ditions" beginning in November 2008. Along with the customary free copy of the comprehensive print manual, organizations will receive a free E-dition (i.e., single user license). The free single-user license E-dition can be upgraded to a site license (unlimited concurrent users per site) for a fee. E-ditions will be accessible via the Internet with username and password. More information about the E-editions, including how organizations will receive them, will be available in September. Go to http://www.jointcommission.org/80/JointCommission/80/JointCommission/GeneralInformation.aspx?NRMODE=Published&NRNODEGUID=%7bC794ADD-318A-4EB2-8946-5BD6892545E4%26NRORIGINALURL=%2fLibrary%2fconline%2fconline_april_2008%2fhtml&NRCACHEHINT=Guest for detailed information.

PDC Conference Materials for Purchase
You will be able to retrieve professional development content from the 2008 International Conference and Exhibition on Health Facility Planning, Design and Construction throughout the year 24/7 from the ASHE Live Learning Center. Go to http://www sofconference com/ashe/login.asp for additional information.

Life Safety Survey Webinar Now Available
If you missed the live broadcast of the Webinar, you are now able to purchase this program on CD. This is the only program developed by ASHE for its members and provides you with the information that can help you pass a Life Safety Survey. Go to http://www.ashe.org/ashe/education/webinars/pdf/lswanairbanflyer.pdf for information on ordering this program.

Scoring Emergency Management Standards
Meeting April 17, The Joint Commission Accreditation Committee approved a plan to not count non-compliance with the new emergency management standards in accreditation decisions during 2008. According to Gail Weinberger, Director, Accreditation, Policy & Administration, at The Joint Commission, "Non-compliance with these requirements will continue to be cited in an organization's report and will be required to be addressed in an Evidence of Standards Compliance (ESC). However, they will not be included in the count of the Require-
ments for Improvement contributing towards a Conditional Accreditation or a Preliminary Denial of Accreditation decision."

Following are the specific EPs that this applies to:
EC.4.11, EP 9 & 10
EC.4.12, EP.6
EC.4.13, EP 7
EC.4.14, EP 8 & 10
EC.4.15, EP 2, 3 & 5
EC.4.16, EP 2 & 3
EC.4.17, EP 4
EC.4.18, EP.4, 5 & 6

ASHE, along with many individuals and organizations, had written letters to provide information to The Joint Commission identifying areas where full compliance with the 2008 Emergency Management Standards has proven to be difficult, if not impossible, to achieve. According to Gail Weinberger, these letters "were included in the materials presented to the Accreditation Committee and contributed to the Committee's decision."

Methodology Established for Conducting Surveys in 18-39 Months
In March 2003, The Joint Commission's Board of Commissioners established an 18-39 month survey window (was 24-39 months) following the previous survey as part of the transition to unannounced surveys. At its February 2008 meeting, The Joint Commission's Accreditation Committee approved the methodology for conducting these surveys. Implementation is slated for mid-2008 for all accreditation programs. Exceptions to this model include the laboratory program (with a 18-24 month survey window) and certification programs.

The approved methodology takes into account Priority Focus Process (PFP) data across multiple quarters as well as trends in these performance data. Based on trends in performance, organizations will be identified and scheduled for an earlier survey. These outliers represent circumstances where data suggest that patient safety and quality are potentially at risk. It is expected that the majority of organizations will still be surveyed in the year that their triennial survey window would be due, and a minority of organizations will be surveyed earlier. For more information, see the April 2008 issue of The Joint Commission Perspectives or contact your account representative with any questions.

WSSHE then sought help from the Washington State Hospital Association (WSHA) who quickly contacted the state agencies involved. All parties agreed to a meeting to better understand each other's issues. Early in the meeting it became apparent that Washington State would not enforce the Environmental Controls Standard associated with the revised USP 797. Previous statements were retracted, and all parties involved agreed that if any Federal rules were to mandate State enforcement, then the group would come back together to discuss how these standards could best be implemented to minimize impact to the state healthcare systems and the communities they serve.

This exemplifies the success ASHE and our State Engineering Societies are having in working in partnership to improve the healthcare industry. If you would like more information on the WSSHE USP 797 advocacy effort, or if your State is about to enforce the revised USP 797, contact the WSSHE Advocacy Committee Chair Stephen Grose at stephen.grose@ymcna.org or John Collins, Associate Director, Engineering & Compliance, ASHE, at jcollins@asha.org.

Articulating Surgical Ceiling-Mounted Booms
While fires are rare in healthcare facilities, they do occur and the cause needs to be addressed. A recent medical device alert from ECRI and a proposal to add testing language to the 2010 edition of NFPA 99 show the importance of having a maintenance and testing program for surgical ceiling-mounted boom. Due to the frequency in which these booms are moved, the gas and electrical systems enclosed in the boom are subject to excessive wear and loosening of the connections. The combination of oxygen and Nitrous Oxide leaks along with electrical sparks in the boom could be a recipe for a boom fire.

Sentinel Event #38 Issued
On February 15, 2008, The Joint Commission Issued Sentinel Event Alert #38 on MRI accidents. Based on the FDA's accident reporting database (believed to represent significantly less than 10% of events), accidents in the MRI suite have experienced a dramatic increase. For more information go to http://www.jointcommission.org/80/SentinelEvents/SentinelEventAlert/sea_38.htm.
Joint Commission 2008 Environment of Care Surveys
Triennial-Unannounced Life Safety Specialist Survey, Plus
An Interview with a Facility Manager/Surveyor and Mock Survey Results

Many thanks to those who made this article possible: 1) the facility managers who had their surveys and took time out of their busy schedules to share valuable information with their colleagues via this article; 2) Joe Mona of Lawrence General Hospital who worked diligently to compile a list of surveyed facilities and urge managers to contribute to this article; 3) Bob Thompson, P.E., CSHM, FPE, the NEHES Joint Commission liaison, who reviewed everyone’s comments and put them together in this very readable format; and 4) to Ed Lydon, CHFM, of Northeast Health System who shared information from two perspectives—a surveyor’s and a facility manager.

Note: All facility managers except one have asked to share information anonymously.

Completed survey January 23-25, 2008

Facility #1
Facility Services Director’s comment: “Our inspector was very, very user friendly, he was out to help us and teach us.”

Life Safety Surveyor: Ken McGraw. The engineer arrived on the second day of the survey. He wanted to forego the daily briefing and get right into his portion of the survey.

1. He asked about fire alarm systems. He wanted to view maintenance logs, who (which company) maintained the alarms, and the process for corrective action. The last four quarters of data were reviewed, including documentation for four quarters of water flow (“drain”) tests to check pressure drops.
2. Fire suppression maintenance logs were checked.
3. Emergency generator documentation was reviewed.
4. Compliance with sentinel event for generators was reviewed and load testing documentation reviewed.
5. Medical gas system documentation was reviewed.
10. Reviewed fire drill data.

Building Tour
1. Visited rooftop mechanical rooms.
2. Asked about medical air pipe labeling.
3. Visited the Mental Health/Adult Psych Unit. He asked about fire safety, checked fire extinguisher dates, looked at bathroom faucet styles, asked about RACE and PASS and smoking policies.
4. Toured the Medical/Surgical and Intensive Care Units. Quizzed employee on RACE/PASS. Looked above ceiling at all 2 hour fire separations. Looked for painted labels on door frames.
5. Toured Medical/Surgical and Pediatrics Units. Quizzed staff on RACE and PASS, quizzed nursing student on emergency preparedness, discussed child abduction policies and procedure. Looked above ceiling.
7. Toured Geriatric-Psychiatry Unit. Quizzed employees about RACE/PASS and smoking policies. Looked above ceilings.
8. Asked staff about the oxygen shut off policy.
9. Checked stairwells for storage.
10. Toured basement mechanical rooms, boiler room and generator rooms.
11. Toured Maternity Unit, Day Surgery, and Post Anesthesia Care Units.
12. Toured Radiology and file storage rooms, where he quizzed employees on RACE and PASS.
13. Toured Medical Records, where he quizzed employees on fire response.
14. Toured the laboratory, viewed fire escape to outdoors.
15. Looked at fire department standpipe supply connections outside.
16. Walked through Emergency Department, where he quizzed staff on Emergency Preparedness and Incident Command.
17. Visited the kitchen. Looked for “Type K” extinguishers. Inspected the freezers, coolers, and dry storage area.

** Key areas that the surveyor checked in each unit:
1. Sprinkler head clearance.
2. Fire door and fire door frame labels
3. RACE and PASS
4. Above ceiling

Facility #2

Anonymous – Completed Survey

Joint Commission EOC items of interest during the last survey
Life Safety Surveyor: Not identified by facility.

1. Weekly test of the fire pump and showing that the “on/off” condition is supervised and tested.
2. Documentation that all fire alarm devices including horn strobes are tested.

(To Page 9)
1. Documentation that HVAC shutdowns are tested annually.
2. Emergency lighting monthly and annual tests.
3. Penetrations in smoke and fire barriers.
4. Checked door latches on all labeled doors.
5. Reviewed fire drills and questioned staff on their knowledge of fire procedures and the last time they were trained in using a fire extinguisher.
6. Looked very closely at all structural steel to insure that it was fireproofed.
7. Checked medical gas piping for labels and shut off valves, making sure they listed actual room numbers not labeled by wing.
8. Checked fire hose test records for compliance.
9. Looked for a Risk Assessment for Behavioral Health areas.
10. Looked for instructions on when to use a "K" fire extinguisher and a placard that stated "To be used only after the automatic system has actuated."
11. Wanted to see documentation for the flow (drain) tests of the sprinkler systems and wanted to see the documentation of times that have been established for the system to go back to normal pressure (sic.)

[Bob Thompson note: Times are not important for this test; documentation should include static (no flow) pressure and residual (full flow) pressure in order to establish the pressure drop to allow comparisons from one test to the next.]

12. Looked for a back up plan in the event we have a major leak of our oxygen system; was happy that we have a spot for AGA gas to tie into.
13. EOC tracer. Looked at the annual review of the Safety Committee Performance Improvement measures.
14. Emergency Management meeting. Discussed the new 96-hour sustain-in-place requirement. Discussed many scenarios. This was more an information session than anything else. Suggested looking to schools, restaurants, and supermarkets for food if vendors can't make their deliveries. Discuss who would deal with post traumatic care after a major incident. Questioned whether the Patient Information Officer actually trained with the medical team during drills.
15. He suggested that each person develop a personal plan so they have their affairs in order to know exactly what they will do with family members, etc. in the event they need to stay at work for an extended period.

Anonymous Hospital
Joint Commission EOC items of interest during the last survey
Life Safety Surveyor: Not identified by facility.

This facility reported that there were 7 RFIs (4 in Environment of Care) and 3 Supplemental (2 in Environment of Care). A number of items furnished were medically oriented and of limited interest to NEHES members.

Joint Commission EOC items of interest during the survey

RFIs
1. Medical temperatures documentation and plan for follow-up action if out of range.
2. Fire wall penetrations were identified where new cables were installed.
4. Refrigerator temperatures for tissue and ambient air needed documentation for alarm systems. We had dial alarms, but no documentation of actual temp.
5. Risk assessments for suicide must focus on each type of risk.
6. A supplemental for a suicide risk assessment and care planning for pediatric psychiatric risks.
7. Infection control plan must have a format to identify prioritized risks and prescribes mitigation.

Anonymous Hospital
Joint Commission EOC items of interest during the last survey

Dates of Survey November 5 to 7, 2007
Hospital Survey for Accreditation
Highlights of Survey
1. Empty and full oxygen e-tanks must not be stored in the same rack.
2. Clinical areas were inspected using tracer methods.
3. Building Tour – Deficiencies/PFI Issues
   a. Fire dampers that are inaccessible need funding program/plan identified.
   b. Key areas checked: Clinical Buildings on and off campus.
   c. Four extinguishers not signed and dated for several months.
   d. Several fire doors did not latch properly.
   e. Several penetrations above doors not adequately sealed.
   f. One exit access corridor impeded.
   g. Several small closets with storage closer than 18” to sprinkler.
   h. Several alcohol-based hand rubs too close to outlets.

(To Page 10)
2. Programs Review Emphasis—Inspected written documentation for
   a. Fire drills
   b. Fire alarm testing
   c. Sprinkler system testing
   d. Building Management systems, etc.

5. “Zingers” (i.e. surprises in the building tour)
   1. Empty and full O2 E-Tanks can’t be stored in same rack.
   2. Fire Department Connections need to be inspected (document) every month.
   3. Every 3 years fire department standpipes have to be flow tested.

6. The Facility Manager emphasized that the Life Safety Surveyor was helpful rather than punitive.

If you have any questions regarding the technical fire/life safety aspects of these reports, please feel free to contact Bob Thompson, P.E., CSHM, FPE, the Joint Commission Liaison for NEHES, at (978)887-6701 or bobattig@verizon.net. For other questions of an administrative nature about the reports, Bob will attempt to go back to the provider of the information to seek an answer for you.

Surveyor/Facility Manager’s Report

Ed Lydon, CHFM, reported on his experiences both as a surveyor for RT Cotter & Associates and in his current position as Associate Vice President of Support Services at Northeast Health System in Beverly, MA. His facility recently went through a PPR Joint Commission (JC) survey, which Ed called “an opportunity to do a reality check.”

“Two JC surveys came to look at the Health System. They did not provide a written report but they did have an exit closure meeting and discuss what they’ve seen. It’s an opportunity for us to learn what they believe are the best practices in the industry and instill ideas with the organization as to how to overcome various challenges in the clinical area and non-clinical areas, such as the Environment of Care.”

Ed praised the surveyors’ work, but described a difference of opinion with one surveyor that occurred after the surveyor electronically locked the hospital’s PFI before beginning the survey (a routine procedure). “He told me that our Statement of Conditions was ‘busted.’ He said that we had exceeded our due date on the PFI. I agreed, but noted that we were not outside the six-month grace period. I cited the November 10, 2000 FAQ (you should always know the FAQ’s). The FAQ’s is the official interpretation, which speaks to the one-time extension based on unforeseen conditions. I also cited Environment of Care News, January 2007 edition published by the Joint Commission, there is an article in the newsletter regarding the e-SOC which speaks to the six months’ grace period. A couple of other colleagues confirmed my position. The surveyor was pretty adamant that we had a busted plan, but he spoke with the folks in Chicago and my understanding prevailed.”

Ed offered the following insights he gained after surveying 52 hospitals last year.

1. The tone for the rest of the survey can be set by how organized and prepared you are when the surveyors look at your SOC and your compliance to the Life Safety Code. I’ve seen this over and over. You must be organized and present the material as it’s been laid out by ASHE and the Joint Commission Life Safety Code matrix. The ASHE website has published a Life Safety Code documentation matrix. Stick to that. Be sure that your books are well organized, especially with regards to EC 5.40, fire alarm testing and inspection; EC 7.40 emergency power systems (how they are maintained and tested); and EC 7.50 medical gas and vacuum systems inspection and testing. If your books are organized and show what they want to see, and you have data from inspections and testing, you’ll have a good survey. Many facility departments are struggling to organize this information. It’s a very large task and it can be daunting. I’m responsible for four hospitals and 73 properties; it’s a lot of work and a lot to keep track of. The surveyor wants to see more than the face sheet that says you did the inspections and testing, they want to see that every single device is tested. If something was not tested because of a doctor or nurse showing the person away so that the test wasn’t done at that time, be sure to go back and test later on. Some facilities don’t do this. Some facility managers don’t read the reports they get from vendors. You have to see where the deficiencies are and get them corrected.

2. The surveyor really looked at my PFIs. He asked if I had Interim Life Safety Measurers in place for these deficiencies. I said no, they don’t require Interim Life Safety Measurers at this time per our assessment and ILSM policy. You have to assess your deficiencies to see if Interim Life Safety is required per your policy. The Joint Commission is not scriptive in this area. There is no standard that says you have to implement interim life safety measurers for every deficiency. However, you do need to assess for interim life safety and apply measurers when identified deficiencies (construction or existing building condition) require an action be taken per your facility policy.

3. Be very cautious in regards to medical gas compliance. A lot of folks have systems that haven’t stayed up with medical (NFPA 99) compliance — master panels, automatic switches, panels, shut off valves. Some surveyors have cited, from time to time, risk to life or imminent risk. Some facility folks hang their hat on the fact that their systems are grandfathered. If you do that, the NFPA Standard clearly states that you have to have AHJ approval. The AHJ, I suspect, probably wouldn’t sign off on a non-compliant medical gas system. It is critical that you inspect and test your medical gas system on a frequency acceptable by your policy and work towards keeping your system up to date with NFPA 99.

Has your facility had a survey recently? Contact Don Garrison, SASHE, CHFM, at dgarrison@fhcn.org and the NEHES Newsletter will interview you anonymously so you can share your experiences with other NEHES members.