Farewell to Ed Boyer, Who Gave 54 Years to Health Care

NEHES lost one of its most dedicated members July 31 when Edward R. Boyer, 73, died at his home in Assonet, Massachusetts. Always a friend and mentor to his fellow engineers, Ed’s life was one of devotion and service to his profession, hospital, colleagues, and family.

Ed’s lengthy involvement with NEHES (34 years) and with the South Shore chapter (38 years) was surpassed only by his amazing contributions to his facility, which he joined in 1951 as a 17-year-old high school student. The hospital was called Truesdale Hospital then and Ed was a maintenance mechanic’s helper earning 47 cents an hour. Through many name changes, mergers, and one facility closing, Ed continued on for 54 years, rising to Director of Engineering and Maintenance at both Charlton Memorial Hospital, Fall River, and St. Luke’s Hospital, New Bedford.

“Ed was one of the of the guys who took NEHES to where it is today.” ...George Hawley

Now part of Southcoast Hospitals, his organization surprised him in 2002 with a huge 50th anniversary celebration. More than 1,000 people paid tribute that night to Ed’s accomplishments, not only on the job but also as an energetic volunteer who tirelessly served both NEHES and South Shore in all the officer chairs and in many of the other Board of Director positions. Ed rarely missed Fall Conferences or Spring Seminars and often chaired the planning committees for the events.

Several NEHES members recently paid tribute to Ed. Bob Crepeau, Facilities Manager, Charlton Memorial Hospital/Fall River Site, South Coast Hospitals Group, Fall River — "I first met Ed in March 1977 when I interviewed for a position for the development of an in-house clinical engineering department for the Union-Truesdale Hospital. Ed hired me by the end of the interview and we worked together in different..."

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

Don’t miss the 2008 NEHES Fall Conference, Technical Exhibition, and 50th Anniversary Celebration October 7-10, 2008 at the Omni Hotel at Yale, New Haven, CT. You’re invited to join facility managers, vendor partners, nationally-known educational presenters, spouses, and guests for this gala event. We started our 50th celebration off on March 21 with an extremely successful Spring Seminar and we’re eagerly looking ahead to our Fall Conference. We hope you will join us.

Educate yourself at the numerous seminars (see below) and the huge (sold out) technical exhibit, network with speakers, other facility managers, and vendor partners. 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 the gala Awards Banquet October 9.

Education program:
Conference attendees will be treated to a well-planned and extremely relevant program of education seminars, divided into two tracks. Keynote Speaker Terence F. Moore, FACHE will present “Eight Practices of Executive Effectiveness.”

(To Page 2)
roles throughout my career. Ed always went out of his way to support and mentor staff, encouraging everyone to enhance their knowledge of hospital engineering. He believed in the development of staff and afforded them the opportunity to grow within the organization. Ed was a major contributor to and active in hospital engineering groups. He was one of the first members in the development of NEHES and SSHES and believed strongly in the necessity for such groups for support and to learn and advance in the hospital engineering field. Even over the past three years, when Ed was ill, I often called him to discuss issues related to hospital engineering and his expertise in Code. I know he will be greatly missed."

John Durand, Facilities Manager, St. Luke’s Hospital, New Bedford, Massachusetts -- "A true professional, Ed was considerate, compassionate, and understanding, a quiet man who didn’t feel the need to have the spotlight on him. His wisdom and knowledge were recognized and appreciated by all who knew him or had heard of him. In speaking to many who knew Ed, they all repeated the same phrase, ‘He was a true gentleman.’ I am very grateful to have had the opportunity to have gotten to know Ed. He was an individual who touched many people’s lives. I know he touched mine, and I am a better person for it. Gods speed, Ed, and may the golf ball always go straight.”

Don Garrison, CHFM, SASHE, FASHHE, Chief of Facility Management, Franklin Community Health Network, Farmington, Maine -- “This is unexpected bad news for NEHES. Ed was a very hard worker for the organization for many years and has always been very supportive of NEHES. Ed has had his share of family troubles with the accident to his son and daughter-in-law and having to raise his granddaughter but through it all he remained upbeat and positive. Ed was a super person and a pleasure to be around. Personally I will miss him very much and NEHES will miss his support. My prayers go out to his family and my thanks to the family for Ed’s kindness and support to me in my early years in NEHES.”

Jack Gosselin, FASHHE, CHFM, Principal, Gosselin Associates, LLC, Mystic, Connecticut -- “Ed Boyer was certainly one of the most memorable individuals I’ve had the pleasure of crossing paths with both professionally and personally. When I was a young person entering the hospital engineering field many years ago, Ed coached and mentored me to grow and prosper in a discipline that I was unfamiliar with. He always had a productive and positive outlook and brought out the best in everyone. Ed took life seriously, but not too seriously, and always saw the humorous side. His dedication to our profession would be realized if we could ever determine the NEHES member with the highest attendance frequency at Fall Conferences... he’d be the winner hands down as I would bet he never missed one in 30 years. I recall in the early 1980’s when Ed and his wife, Joan, showed up at the fall seminar with their young granddaughter in tow a number of years in a row. I came to understand they were raising her as a daughter. At almost 20 years my senior, I watched Ed raise this girl parallel in age to my two sons with the devotion of the best of fathers. Ed Boyer will be one of those people I will remember always and I will keep him and his family in my prayers.”

David Hathaway (retired) -- “Ed was a very active NEHES member and I really treasured his friendship. I could always count on his help when I had leadership positions. I met Ed and other long standing members of NEHES at the Fall Conference in Burlington, Vermont in 1975. I had only been on the job at the Lawrence Memorial Hospital in Medford for two weeks and I had convinced my outstanding boss that my attendance for even one day would be beneficial to the hospital. I made lifelong friends that one day. Ed was one of the engineers, together with John Crowley and others, who welcomed me into NEHES. His memory will not be lost in my lifetime, for sure.”

George Hawley, Regional Director of Engineering, Hebrew Senior Life, Randolph, Massachusetts -- “Ed was one of the guys who took NEHES to where it is today. Thanks for all the good years.”

Joe Monc, Director of Facility Systems, Lawrence General Hospital, Lawrence, Massachusetts -- “I remember at one of the first Fall Conferences we had, 24-odd years ago, the golf was rained out, and I remember sitting all afternoon with Ed, going over Joint Commission issues. He said, ‘This is what the Society is all about.’ He was on the Board with John Crowley and me. ‘This is just what we need,’ I remember Ed saying, ‘We need you in the room. I’d like to see you go through the officer chairs.’ He was such a fine gentleman, always laid back, subdued, under control.”

Ed leaves his wife, Joan, to whom he was married for 57 years; a daughter, two sons, two sisters, six brothers, including Ken Boyer, the Mechanical/Engineering Manager at St. Luke’s Hospital in New Bedford; four grandchildren, and many nieces and nephews. His funeral was held August 5 in Saint Bernard’s Church, Assonet, and burial followed in Saint Patrick’s Cemetery in Fall River.

Contributions in Ed’s memory may be made to Saint Jude’s Hospital, 5001 Saint Jude Place, Memphis, TN 38105.

Cards and notes may be sent to Mrs. Joan Boyer, 85 Locust Street, Assonet, Massachusetts 02702.
Fall Conference
(From Page 1)

that individual leaders and their methods have on their organizations is undeniable. As the President and CEO of MidMichigan Health in Midland, MI since 1982, Terence F. Moore has built a strong foundation for an enduring and successful healthcare system. In his hour-long presentation, he will identify and describe eight practices of executive effectiveness, leadership myths, and thoughts on maximizing one’s own performance as a leader.

MidMichigan Health owns and operates four hospitals, two nursing homes, and eight other subsidiaries with more than 4,600 employees and an annual operating budget of approximately $932 million.

The following topics are among the many to be included in the education program. Go to www.nehes.org to see the full conference schedule.

- Saving Money with Upgrades
- Creating Airflow Systems for Hospitals
- Saving Money with Web-based Training
- Federal Requirements for Hospital Emissions
- Conceptual Cost Modeling
- Team Approach to Project Management
- Preserving Patient Satisfaction During Construction
- A Systematic Approach to Evaluating the Building Envelope
- How to Bid Clinical Services
- Sustainable Hospital Energy Services
- Offsite tour of ASSA ABLOY Door Security Solutions plant
- A Compliance Summit
- Emergency Operations Planning
- New Emergency Management Standards
- Design/Build in Healthcare
- The Role of Project Management.

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.

Awards Banquet
The annual gala Awards Banquet will held Thursday night, October 9.

Conference Registration Form
The form to use to register for the education sessions will be mailed soon: it is also available at www.nehes.org. Registration fee for the conference will be $225 (NEHES members); $250 (non-members). Make your hotel room reservations and reservations for golf and fishing separately; see below.

Vendor Partners
Booths are sold out but we have a waiting list for potential exhibitors.

Additionally, we have many 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, Luncheons (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. To see the complete list of sponsorships, go to www.nehes.org and click on the red link in the Fall Conference article. Vendor partner contacts are Steven Jalowiec, P.E., CHFM, SJalowiec@vhbyhosp.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) reservations: To make a room reservation, click on the reservation form link on the NEHES website, www.nehes.org, and fax to the hotel as instructed on the form.

Vendor Partners’ Hotel Room Reservations
Supporting NEHES Members and Vendor Partners: To make a reservation, 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. The hotel reserves the right to release for general sale any unused portion of the room block.

Parking 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 will have a tough choice to make on Tuesday, October 7 – whether to spend the day fishing or golfing. Both activities will be offered from 10 a.m. to 4 p.m. Details and registration information are available at www.nehes.org by clicking on the golf icon and the marina photo.

Spouse and Guest Program
This program is open to spouses and guests of both attendees and vendor partners. 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 pm: Tour Peabody Museum
12:30 pm: 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, spouses, guests, and Anniversary Level vendor partners.
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 Islands Cruise aboard The Sea Mist
11:30 am-12:15 pm: Travel to Chatham 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

Conference registration for the education sessions and included meals is now OPEN!

Go to www.nehes.org and download the Conference Registration Form TODAY!
President's Message

President Invites NEHES Members to Fall Conference and NEHES Annual Meeting

By Fred Leffingwell, CHFM  
Director, Facilities Planning & Management  
Lawrence & Memorial Hospital  
New London, CT,  
2008 NEHES President,  
2008 Fall Conference Co-Chair

Well, time has quickly passed and summer is almost over. What that means is our Fall Conference and Technical Exhibit is almost here. As both Committee Co-Chair and NEHES President, I would strongly encourage all members to attend. We have put the finishing touches on this year’s program, which is promising to be one of our best.

We plan to run a two-track educational program to provide a wide range of topics for the attendees to choose from. The Technical Exhibit filled up quickly. During the exhibit we plan on trying something new by providing some additional technical informational sessions. This, matched with over 80 sponsors, is sure to provide a wealth of information.

The 2008 conference will be held at the Omni New Haven Hotel at Yale, 155 Temple Street, New Haven, CT. We have tried to get as much information out in the newsletters and blast e-mails ahead of the brochure, so hopefully all have had enough information to start an internal approval needed at your hospital. Please look through this information and the brochure, when you receive it, and make every effort to attend.

As President I would also ask that as many NEHES Active members as possible attend the annual meeting which will be held on Wednesday, October 8 at 4:00 PM. This is an ideal time to hear and learn about what the Society has been doing over the last year and make recommendation as to moving forward. It is also the meeting where the Society will elect next year’s officers.

ASHE Annual Conference Exceeds Expectations for First-Time Attendee

By John Duraes  
Facilities Manager  
St. Luke’s Hospital  
New Bedford, MA,  
2008 NEHES President-Elect

Recently I had the opportunity to attend my first ASHE Conference, held in Washington, DC, and thought that I would share some of my observations and experiences from the conference. When one does something for the first time there is always a bit of apprehension. This is especially true when, as an elected officer, you are representing an organization with the recognition and the standing that NEHES has. Fortunately, I was in the company of Fred Leffingwell, Steve Jalowiec, David Dagenais, and Kevin Keating. Their mentoring and guidance helped me get much more out of the conference than I would have on my own. Thanks, guys.

For me, the conference started by attending the Chapter Leadership Forum. At this forum, ASHE invited the leaders of some of the more prominent chapters to sit on a panel that provided an overview of the many activities and efforts being put forth by their respective chapters. One of these leaders was Fred Leffingwell, who again demonstrated why NEHES continues to be a force within ASHE. The discussion focused on how the various chapters are achieving successes or having difficulty in addressing such issues as maintaining membership, recruitment, education, organizing conferences, etc. I am happy to report that what the other chapters are doing or trying to achieve, we at NEHES have done it, tried it, or moved on to something else. I came away with the knowledge that NEHES is truly one of the most respected chapters not only by ASHE but by the other chapters as well. John Wood, ASHE President, presented Fred Leffingwell with the Platinum Award. This is the second consecutive year that NEHES has received the highest Levels of Affiliation award that ASHE bestows on the chapters. This recognition of NEHES is due to all the hard work and effort that many of the members perform on a regular basis.

The theme for this conference, as I saw it, was leadership. This started out with the Keynote Speaker, Mr. Gene Kranz, who was in charge during the Apollo 13 Mission. He recounted what took place during those traumatic days. He also shared with us the valuable lessons learned about leadership, responsibility, teamwork, attention to detail, and staying calm under difficult situations. It was a truly inspirational story, told by a real American hero.

From there I attended a session on Emergency Response. This again brought into focus the importance of good leadership. With good leadership, there is opportunity to plan, to achieve a specific level of preparedness, to learn what your weaknesses and your strengths are. With good leadership comes good planning, and with good planning, you get good outcomes.

The Technical Exhibition was also a valuable experience. First, there were well over 200 vendors. It was difficult to grasp the variety of exhibitors that can provide equipment and services. For example, I did not know there were so many Nurse Call Systems out there. On the first day of the exhibition I found myself spending time with the vendors of products and services that I was not familiar with. I tried to be open minded about the new products and ideas, but I was not always receptive to them. If they did not have a fresh approach or perform in some extraordinary way, I did not spend much time with them. I must admit that when I saw different products or services from vendors that I was not familiar with, I would immediately compare them to what I was familiar with. This is not always fair to the vendors or to us. On the last day of the (To Page 5)
NEHES Scholarship will Help Members Further Their Education

By Fred Leffingwell, CHFM
Director, Facilities Planning & Management
Lawrence & Memorial Hospital
New London, CT
2008 NEHES President,
2008 Fall Conference Co-Chair

If you’re an Active NEHES member who wants to further your college education and enter healthcare facilities management but lack the funds to follow this career path, the NEHES scholarship program may be able to help. If you’re not yet an Active member, NEHES wants to encourage you to join and apply for the new scholarship if you hope to enter management.

The NEHES Board of Directors began this program last year to 1) supplement the cost of what applicants and their employers’ education programs are paying for tuition, books, and other expenses, and 2) help recruit new talent into the healthcare facilities industry. Persons actively engaged and working within the healthcare engineering field who work directly for a hospital, healthcare provider organization, or medical research facility, who may not yet be at a management level but are interested in pursuing such a career path, are encouraged to become Active Members of NEHES and apply for this program.

President Fred Leffingwell, CHFM, who worked with Steve Jalowiec, P.E. and Bob Lord to draft a proposal voted on by the Board, brought the scholarship idea to his colleagues last year. "Given that compensation from hospitals has been and will continue to be cut back, this program would provide a source of funds to gap the difference between college tuition and tuition reimbursement programs," Fred said. "The focus would be to add candidates who are already in healthcare and looking to some day be our replacements."

The Board will review all scholarship applications during its Annual Retreat in the fall and judge each application based on its Member Scholarship Policy, which states:
1. The NEHES Board will establish a standing Membership Scholarship Committee chaired by the President-Elect to review applications and make recommendations for a Member Scholarship.
2. Active Members interested in this program must submit a proposal to the committee.
3. Applicants must be active in their local chapter and/or the NEHES Board.
4. Active Members may apply annually for this scholarship until the degree is awarded. A copy of the previous semester(s) transcript will be included with the re-application.
5. An applicant’s proposal will include the following.
   a. Applicant’s basic information.
   b. Applicant’s resume with focus on healthcare facilities related experience and education.
   c. A short essay outlining the applicant’s plan for an educational path leading to a degree related to Healthcare Facilities Management.

President-Elect’s Message
(From Page 4)

exhibit, I sought out those exhibitors that I was familiar with, to see what new things they had to offer. Keeping an open mind when hearing about new ideas, products, and services and how they may help you and your organization is another important part of the conference.

During this four-day conference, there were many choices to be made regarding the numerous educational sessions. In some instances I would start by attending one, then discovering that it was not really what I was interested in and finishing in another session. I attended such sessions as Is an Operating Room a Wet Location, Facility Condition Assessment, Emergency Response, Codes and Standards, NFPA 101, Retro Commissioning Case studies, and others. There were also numerous sessions on Professional Growth and Development.

Another important aspect of the conference was the networking. I met individuals from Guam, San Diego, Orlando, and different cities in Texas. In discussing various issues related to our field, I realized that we are all encountering many of the same problems. We are all working to build better hospitals and trying to reduce energy costs and consumption. We are all trying to be more efficient with our staffs. We all complain about short construction schedules, all the rules and regulations, and how busy we all are. If we had had more time, I would have enjoyed sitting down with some of these individuals and talking about many different experiences and how they handled them at their respective facilities. One of the other noticeable aspects of the conference was the number of military service men and women that were in attendance. They, too, have the same problems we do. They also have Joint Commission to deal with as well as all the other regulatory agencies.

In summation, those of you who have not yet attended an ASHE Conference, please try to do so. I would encourage the healthcare organizations to send at least one individual from each facility. The information, the new contacts, the confidence that one gets from this conference are truly investments not just for the employee but also for the organization that sponsors them. For those who have never been before, plan on arriving the day before so that you can find your way to the various rooms. Plan your daily session schedule ahead of time so that you are not rushing around. I would encourage you to discuss some of your experiences with other individuals in your field from other parts of the country. One can sometimes learn more from these conversations than you can from sitting in a session listening to a speaker. Always fill out a survey so that ASHE will have future sessions directed toward issues that you see as important or current. Make sure that you spend some time in the exhibit hall and have some space in your luggage to bring "stuff" home. Last, but not least, take time to meet some of the ASHE staff; they are very helpful.

Also attending the conference with John were Fred Leffingwell, Ron Vachon, Ron Huesey, Steve Jalowiec, Kevin Keating, Dave Dagonais, Jack Gosselin, Steve Cutter, Chris Bergeron, and Michael Pinkham.

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

First, the Joint Commission (TJC) and Centers for Medicare and Medicaid Services (CMS) have no active plans to update their standards to a newer edition of NFPA 101. Other jurisdictions, such as the States of Vermont, New Hampshire, and Maine, for example, could adopt the newer Code in such order. And we know some Federal Government agencies, such as VA and DoD, adopt it as soon as it is published. NFPA states the publish date is September 12 and Codes will be shipped October 1 or before, so the 2009 Code effective date will likely be September 2008.

It is important to note that regardless of jurisdictional adoptions, the new Code can certainly be utilized and referred to as representing the latest life safety thinking and interpretation. For example, there is new Code language meant to eliminate the various AHJ and expert interpretations for alcohol hand rub dispenser proximity to an ignition source and the conditions for permitting aerosol based alcohol hand rubs.

Even though not mandated, both TJC and CMS allow use of the new Code. CMS will process waivers based on the newest editions and TJC will do the same as an equivalency request. There is another option. For your facility you can request and receive a waiver from CMS to utilize the 2009 Code in its entirety. Same with TJC -- for a particular building you can simply state in the Part 2-Basic Building Information that the 2009 Code is applied in its entirety. One small, but potentially significant, complication, when utilizing the new Code “in its entirety,” is the referenced standards, such as NFPA 90A or NFPA 99. The latest Edition Life Safety Code would reference and thereby require compliance with the latest Edition of the referenced standard. As you might be aware, these latest Edition referenced standards can have costly new requirements.

Those organizations accredited with TJC have “deemed status” with CMS, meaning we would only have to satisfy TJC, with no need or requirement to process waivers with CMS. Two examples where we might want to process an equivalency are:

- The 2000 Life Safety Code limits patient sleeping suites to 5,000 square feet. The 2006 and now the 2009 Codes allow 7,500 square feet given certain conditions are met. Should you have or want to have an oversized suite, you would have to request a traditional equivalency from TJC stating the suite violates the 2000 Code but meets all conditions outlined in the 2009 Code.

- The 2000 Life Safety Code requires all sliding doors to have a side hinged break-away feature. The 2006 and 2009 Codes allow sliding doors to patient rooms without the break-away feature where serving less than 10 patients.

The two changes mentioned above, larger suite size allowed and sliding doors, were changes within the 2006 Code. The following are the more important Life Safety Code changes within the 2009 Edition:

- Section 18/19.1.1.5; Detention and security needs are valid reasons to lock exit doors. Infant safety and civil disorder are reasons to permit locking doors. Staff must be present at all times to unlock the means of egress when needed.

- Section 18/19.1.2.2; Where a 2-hour fire barrier provides a healthcare occupancy separation, it must meet Section 8.2.1.3 for separation of construction types which includes the 2-hour barrier must be vertically aligned.

- Section 18/19.2.2.4 (2); For delayed egress locks, the code no longer limits the number of delayed egress locks in the means of egress for healthcare.

(Comment: 2000 Code limited the use of delayed egress locks to only one in the egress path to the outside.)

- Section 18/19.2.2.5 and 18/19.2.2.6; These new sections outline the rules when locking doors for security purposes versus when locking doors for "the clinical needs of the patients". The rules include: 1) the building must be fully sprinkler protected, 2) staff must be able to unlock the doors at all times, 3) locks are fail safe, 4) in addition to the sprinkler protection there must be smoke detection throughout the area secured, and 5) smoke detection or sprinkler activation will release the locks. (Comment: The addition of full smoke detection in the area means every habitable room must have a smoke detector. Number 2 is tough as well, we often see security locking where it is intended, under certain conditions, that staff not be able to unlock the door. And lastly, how secure is it anyway when a thief needs only to know how to trip a smoke detector or water flow test valve and the doors open?)

- Section 18/19.2.5.6/1.2; a clarification was added that suites can be separated from each other by whatever is required for a corridor wall separation. (Comment: In sprinkler protected space that is a smoke tight wall to the ceiling with latching doors. Some authorities were requiring a smoke barrier between suites. A smoke barrier may be required for other reasons but not to simply separate suites.)

- Section 18/19.3.2.6 (3); Aerosol containers of alcohol based hand rub dispensers are permitted and limited to 18 oz. and "level 1" aerosol per NFPA 30B. Not more than 1,135 oz permitted in a smoke zone outside of flammable liquid storage cabinets.

(To Page 2)
Life Safety Code Changes
(From Codes Page 1)

- Section 18/19.3.2.6 (6): Separation of alcohol based hand rub dispensers shall be 1 inch to each side above, beside, and beneath an ignition source. (The 2006 Code stated "over or directly adjacent to an ignition source.")

- Section 18/19.3.2.1; Hazardous area tables; for soiled linen rooms and trash collection rooms the Code now reads, soiled linen greater than 64 gallons and trash greater than 64 gallons. (Comment: This might be an advantage as interpretation of old Code was often that a "soiled utility room" was a hazardous area. Note that a soiled utility room and a soiled linen room can be two different entities. Now the room would have to contain more than 64 gallons capacity of soiled linen to be considered hazardous, which essentially is more than two standard soiled linen carts.)

- Section 18/19.3.6.3.7; Power fire doors in accordance with 7.2.1.9 will no longer be required to latch provided the doors are kept closed with a 5 pound force applied in the direction to open the door.

- Section 19.2.5.2; Existing dead-end corridors are limited to 30 feet unless it is impractical or unfeasible to correct. (Comment: Frankly, this is unbelievable and it slipped by us somehow. This will not be an issue for any newly renovated or constructed space but for existing space it likely will be. We could be back to 20 years ago when multiple equivalencies were needed to satisfy the Joint Commission on this issue. You will note this language in the 2000 Code but it was in the Annex. Now it is moved up to the Code. The subjective determination of "impractical" and "unfeasible" will be an AHJ call – good luck!)

- Section 19.4.2; all existing high-rise healthcare occupancies must be sprinkler protected within 12 years from the adoption of this Code. (Comment: For TJC and CMS we are not at all sure when the 12 years will start because both agencies have not adopted the 2009 Code.)

- Section 18/19.2.5.6.4; Travel distance, for new or renovation construction, the 200 feet maximum to reach an exit and 50 feet within the room to reach the egress door remains a requirement. For existing it is 150 feet to reach an exit in non sprinkler protected buildings. The old requirement for 100 or 150 feet from the room door to an exit is gone.

There are additional changes but minor in comparison. This is intended as a heads up for when the agencies that affect us adopt a newer edition of the Life Safety Code, and there is the potential that we can take advantage of an item or two in providing a more cost effective and safe environment of care and safe work place.

Editor's note: Gene will provide a presentation at the 2008 NEHES Fall Conference concerning these changes and the impact they might have. For any immediate questions concerning these you can reach Gene at Eugene.Cable@FairpointNet

---

2009 Joint Commission Hospital Standards Available Online

The Joint Commission's revised hospital standards, rationales, and elements of performance for 2009 are now available online at www.jointcommission.org. The standards, to take effect January 1, 2009, have been placed online to give all health care organizations time to become familiar with the new language, ordering, and numbering.

The changes are part of the Standards Improvement Initiative (SII), launched in 2006 as part of The Joint Commission's ongoing quality improvement efforts. SII focuses on clarifying standards language, ensuring that standards are program-specific, deleting redundant and nonessential standards, and consolidating similar standards.

While no new requirements were added, chapter overviews, standards, introductions, rationales, and elements of performance were designed for ease of use. In the standards reorganization, requirements were split or consolidated. Standards have been renumbered and reordered to allow electronic sorting and the addition of new requirements in the future.

A history tracking report is available online to help organizations see what changes occurred from previous to revised standards. The history tracking allows users to see what happened to each standard, its new number, and how it changed.

The Joint Commission sought extensive input from accredited and non-accredited health care organizations, advisory groups, payers, purchasers, consumers, governmental agencies, Joint Commission surveyors, and other experts. Online surveys, interviews, meetings, and focus groups were all utilized to gather comments and suggestions. The Joint Commission will engage in extensive education efforts and discussions in the coming months to assist organizations in understanding the changes.

Other important aspects of the Standards Improvement Initiative include:

- Phase I of the SII focused on the accreditation programs for hospitals, critical access hospitals, ambulatory care, office-based surgery, and home care organizations;
- Changes in the scoring and decision process will take place January 1, 2009 for all accreditation and certification programs;
- Single-user license electronic E-ditions of the manuals will be provided for the first time;
- Color-coded tabs in print manuals distinguish standards and requirements from accreditation policies and procedures;
- Accreditation program-specific language used in all manuals;
- With E-ditions, ability to sort relevant standards and elements of performance applicable to the services provided by an individual organization;
- Links from certain EPs to associated requirements in other chapters; and
- Standards and EPs related to a focused area of improvement placed in relevant chapters.

Additional details about the revisions are available on the Standards Improvement Initiative web page: http://www.jointcommission.org/Standards/SII.
Figure 1

Discussion about Effective Sticks:

- The plastic or metal cost in the effective power.
- A smear on the inside of the cover.
- The second location on the glass side. The only

Key Items:

- NFA 1012 Safe Door.

(1) Remove control of looks.
(2) Keying or code locks.
(3) Other such replaceable means available to the guest at any

Looking Arrangements:

- NFA 1012 Safe Door.
(1) Alternate location safe in the guest. The IEEE recognizes that

- 7.1.6(j) shall

- 1922.25

- 2022.23

- 1015

- 609

- 1015

- 1015

- 609
By Ron Vachon, SASHE, CHFM  
Director of Facilities Management  
St. Andrews Hospital and  
Healthcare  
Boothbay Harbor, ME,  
ASHE Region 1 Director

Editor’s note: Ron’s second (and last) two-year term as ASHE Region 1 Director ends in December 2008.

Dear Members:
Living well involves many things. You do not need to be a genius to understand the importance of living a life that is in tune with yourself, your surroundings, and your friends. For nearly 50 years NEHES has provided a connection for facilities folks like you and me to share and learn, a network to help provide balance and perspective in our work and gain friendships along the way. I feel very fortunate to know and have made friends with many of you. I always appreciate the knowledge and balance I gain. I continue to be amazed at the strength, skill, and heart that a group of volunteers and professional staff brings to the table to improve peoples’ lives through improvements in health care.

Much time has passed since the first NEHES newsletter rolled off the press. From 1958 to 2008 the focus has been the same – the regulatory environment, the delivery methods, and technology have provided enough twists and turns to make our jobs very interesting. The “associations” have provided the information to stay in step with the changes.

Things are very active on the national front -- I am just returning from a University Task Force meeting held a week before I attended the ASHE Annual Conference. There are many initiatives to report on.

ASHE's University Task Force: Most of us evolved to our positions either by accident or happenstance. Building a Bachelor of Science program in Healthcare Facilities Management is exciting and will help better define and bring more credibility to what we do as a profession. The BS program will help to attract younger folks to the facilities management career path and provide credibility to the C level (CEO, CFO, COO) in that it "brackets" a common body of knowledge and emphasizes the importance of our work. Having this program will help make our profession more visible. Universities are looking at this as an opportunity for their institutions. We as ASHE members are the experts and we want to be the ones responsible for defining the body of knowledge to be used by the universities.

HCTV (Healthcare Construction Television) has begun a series to provide staff with educational resources. The first program, released in late May, covers the intricacies of planning, designing, and construction (PDC) projects within the healthcare environment. It delivers information on what project teams can expect during the PDC process, why it is critical for them to understand the process, and the importance of sharing their clinical and support expertise during the early stages of a project.

- We are participating in the age of “Blogging.” The Wall Street Journal Health Blog talked to Dale Woodin, ASHE’s Executive Director, about the evacuation of some Midwest hospitals. Connect to this blog, “When Hospitals Fall Victim to Disaster,” through the Facility Management icon on the ASHE website.

- ASHE is rolling out a new program, “Compliance with The Joint Commission Standards in the Physical Environment,” in response to new standards for The Environment of Care, Life Safety, and Emergency Management taking effect at the beginning of 2009. This educational program will provide tools for facility managers to effectively manage their physical environment while complying with these changes. This program is the place to go for quality advice on interpretations and implementation from trusted experts.

- DOE and ASHE launched the EnergySmart Hospitals Initiative at the ASHE Annual Conference. According to the DOE, hospitals are facing increasing burdens in their quest to provide optimal quality patient care as a result of decreasing revenues and increasing costs. The EnergySmart Hospitals program focuses on energy management, and provides tools and resources that will assist in implementation of innovative, cost effective, proven technologies to maximize energy performance.

Both ASHE and NEHES programs keep getting better; attendance is a testimony to that.

As I reflect on my NEHES and ASHE experiences, so many accomplishments come to mind. In all of these it is the people who make a difference. I feel very proud and fortunate to have worked with present and past Board members, the support staff of Debbie and Margaret, local chapter leaders, and the many members in our great Society. Thanks so much to the people who volunteer time to make our world better.

---

News Items  
For  
Busy Facility Managers

**Standardizing Color-Coded Alerts**

According to the June 30 edition of AHA News Now, the Wisconsin Hospital Association has announced an initiative to standardize the colors used to identify patient conditions and medical alerts.

The standardized colors chosen by a WHA task force are: white or clear for patient identification, purple for do-not-resuscitate orders, red for allergy, and yellow for fall risk. According to WHA, 14 states have standardized color codes, most of which have chosen the same colors. "We have a lot of movement of both patients and health care providers in multiple settings, even across state lines," said Dana Richardson, WHA vice president for quality initiatives. "Standardizing how we alert these professionals to patient conditions just makes good sense." While the program is voluntary, the association's goal is for all hospitals to transition to the standard colors by March 1, 2009.

*(To Page 6)*
A Few Discounted Registrations are Available for Greenbuild International Conference and Expo

Buildings play a critical role in protecting and improving our environment and in the health of their occupants. The U.S. Green Building Council’s 2008 Greenbuild International Conference and Expo will offer an unparalleled opportunity to connect with other green building peers, industry experts, and influential leaders as they share insights on the green building movement and its diverse specialties. The 2008 Conference and Expo, to be held in Boston November 19-21, 2008, will feature over 100 educational sessions with world-renown speakers, LEED workshops, off-site educational sessions, and Green Build tours of local Boston sites. The Expo’s theme is “Revolutionary Green: Innovations for Global Sustainability.”

“We have a limited number of discounted registrations ($425 versus $600, savings $175) for Active NEHES members wishing to attend the conference,” said Steve Jalowiec, P.E., CHFM. Contact Steve at Sjalonec@wtbyhospm.org for more information.

GREENBUILD

Attendance at the 2007 Greenbuild (22,726) was nearly a 75% increase over the 2006 Expo. To eliminate overcrowding that occurred last year, 2008 Expo organizers have made several changes, including:
- Self-service kiosks for session and conference registration
- Ticketless entry to events
- 50% more exhibit space, additional educational session space, and more registration counters
- Access to the plenary sessions, expo hall, opening reception, and leadership awards for all full conference attendees
- Pre-registration for educational sessions.

Greenbuild attendees will have the entire Boston Convention and Exhibition Center to themselves. There will be more breakout rooms for educational sessions. The General Session Hall will accommodate all full conference attendees. The exhibition hall will be 50% larger, with over 300,000 square feet of exhibition space for the more than 1,400 booths showcasing leading-edge green products, processes, and technologies. The Greenbuild agenda will also feature longer breaks for exploring the exhibit hall.

The sessions were selected through a peer-review process from more than 1,000 abstracts. The results include new session tracks and Master Speaker presentations on topics including green venture investing, planning for the impacts of climate change regulation on real estate valuation, and a new educational track entitled “People Power” that examines topics such as diversity, affordability and green building in the developing world. Attendees will be able to reserve a seat for all sessions and see the speakers of their choice. Pre-registration is now open at http://www.greenbuildexpo.org/Register.

News for Facility Managers
(From Page 5)

Simplified Scoring Process from TJC
Effective January 1, 2009 for all accreditation and certification programs, there will be new simplified scoring and decision processes that better reflect an organization's performance regarding compliance with Joint Commission standards and elements of performance (EPs). The processes will be easily understood and based on the premise that some requirements are more critical than others. Go to http://www.jointcommission.org/Library/jc/longline/jonlcommissionlongline_july_2008.htm and click on Countdown to 2009: Simplified Scoring Process.

Revised APR: Reporting Concerns
Accreditation Participation Requirement 17 has been revised to specify that any individual who provides care, treatment, or services in a hospital can report concerns about safety to The Joint Commission. The revised APR, effective January 1, 2009, states: The hospital/critical access hospital educates its staff and medical staff that any employee, physician, or any other individual who provides care, treatment, or services who has concerns about the safety or quality of care provided in the hospital may report these concerns to The Joint Commission. The intent of the APR is to encourage employees of accredited organizations to report their concerns about safety or quality of care to The Joint Commission on a routine basis without fear of retaliatory disciplinary action by the organization. Before the implementation of unannounced surveys, employees could schedule a meeting with the survey team to express these types of concerns; now, employees do not receive any advance notice of an unannounced survey.

Editor's note: The Joint Commission is now taking on an OSHA-type role.

Sentinel Alert Issue 40
On July 9, 2008, The Joint Commission issued Sentinel Alert Issue 40 addressing behaviors that undermine a culture of safety. The alert warns that rude language and hostile behavior among healthcare professionals goes beyond being unpleasant and poses a serious threat to patient safety and the overall quality of care. In response, The Joint Commission is introducing new standards requiring more than 15,000 accredited health care organizations to create a code of conduct that defines acceptable and unacceptable behaviors and to establish a formal process for managing unacceptable behavior. The new standards take effect January 1, 2009.

New Web Page on Flood and Tornado Cleanup and Recovery Operations
OSHA unveiled a new web page showcasing free occupational safety and health information related to flood and tornado cleanup and recovery. The flood and tornado recovery page offers more than 40 fact sheets and easy-reference QuickCards® in English and Spanish, along with links to other workplace safety- and health-related web pages. These resources provide response and recovery crews with information about ways to recognize and avoid injury from cleanup and recovery hazards.


CMS to Rank Nursing Homes; Issues Final Sprinkler Rule
Centers for Medicare & Medicaid Services Acting Administrator Kerry Weems has announced that CMS will add a nursing home ranking system to its Nursing Home Compare web site in December. The new "five-star" rating system will provide a composite view of the quality and safety information currently on Nursing Home Compare to help beneficiaries, their families, and caregivers compare nursing homes more easily," said Weems.

CMS has also published a final rule that requires all nursing homes to have comprehensive sprinkler systems in place by 2013. Prior to this final rule, the federal government did not require existing homes to have such systems.

All items are courtesy of ASHE e-News, an e-newsletter published by ASHE. Items have been compiled by Robert Thompson, P.E., CSHM, The Thompson Group, Fire, Life Safety, and Safety Consulting, and NEHES Liaison for Joint Commission; Bobatti@comcast.net.