Implementing and managing sustainability programs in hospitals is a journey. Get started by educating yourself about where you want to go, your timeline, and the route you want to take. With so many possible destinations (programs or projects) from which to choose, it can be hard to know where to begin—energy, water, waste, supply chain?

The NEHES Spring Seminar will give you a launching point from which to start your efforts.

For those of you that have never attended the NEHES Spring Seminar and are considering doing so for the first time this year, you will not be disappointed.

The NEHES Spring Seminar is always a great time offering top notch educational presentations, an opportunity to visit with nearly 50 vendors displaying products and services that are available specifically to address the needs of the healthcare engineer. It offers a relaxed and collegial atmosphere to socialize and discuss ideas and common industry issues with your colleagues from all across New England.

And don’t forget there’s the great food, prize giveaways, and networking opportunities with your friends and peers from throughout New England. This will be one of the highlights of the spring time event.

### Building for the Future

**Healthcare and Sustainability**

<table>
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<tr>
<th>Time</th>
<th>Session</th>
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<tbody>
<tr>
<td>7:00 AM</td>
<td>Registration, Continental Breakfast, and Technical Exhibits</td>
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<tr>
<td>8:00 AM – 9:30 AM</td>
<td>Welcome by Jona Roberts, CHFM, SASHE, NEHES President 2016.</td>
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<tr>
<td>9:30 AM – 11:00 AM</td>
<td>Technical Exhibits—We want to give you time to leisurely visit with our Supporting Members who are ready to help you find solutions to your engineering challenges.</td>
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<tr>
<td>11:00 AM – 12:00 PM</td>
<td>Energy Procurement Strategies—This is session two of three that started at the NEHES Fall Conference in 2015.</td>
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<tr>
<td>12:00 PM – 1:15 PM</td>
<td>Lunch, Technical Exhibits, and Raffle Drawings</td>
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<tr>
<td>1:15 PM – 2:15 PM</td>
<td>Making the Most of Your Capital Resources—Renovation versus New Build</td>
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<td>1:15 PM – 2:15 PM</td>
<td>Supporting Member Town Hall Meeting in the Amphitheatre</td>
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<td>2:15 PM – 2:30 PM</td>
<td>Break and refreshments</td>
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<tr>
<td>2:30 PM – 4:00 PM</td>
<td>The Day is Finally Here! 2012 NFPA 101 and 99</td>
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<tr>
<td>Adjourn</td>
<td>Certificates of Attendance available with 5 contact hours and .5 continuing education units</td>
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</tbody>
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Future Trends—Where is Healthcare Design Going?

Walter (Walt) Vernon, PE, LEED AP, EDAC
President & CEO, Mazzetti, Inc., San Francisco, CA

As chair of the FGI Research Efforts, Walt Vernon has been responsible for helping the FGI to try to discern the future of healthcare, and healthcare buildings, so that the FGI codes can be as forward-looking as possible. In this session, Walt will share his perspectives on the evolution of the healthcare industry, the likely impacts on healthcare buildings, and the job of the healthcare facility director.

Energy Procurement Strategies—Part 2

(This is the second of a three part series that started at the NEHES Fall Conference in 2015, continues today, and will be completed at the NEHES Fall Conference in 2016)

Steve Van Ness, AIA, LEED AP
Executive Principal, Steffian Bradley Architects

Rising construction costs and the implications of the Affordable Care Act are putting more pressure on healthcare organizations to make the most out of the space they already have.

This session will present an overview of the assessment process for determining whether existing space can be renovated and recycled for new uses, or new construction is indicated.

Discussions will focus on the infrastructure, operational, and regulatory factors that should be considered when evaluating the appropriateness of existing space, and how alternative scenarios can be developed to compare renovation options to new construction.

Supporting Member Town Hall Meeting Amphitheatre

Interactive discussion on the how NEHES can collectively continue to improve the experience for Supporting Members.

The Day Is Finally Here! - 2012 NFPA 101 and 99

William (Bill) Koffel, PE, FSFPE
President, Koffel Associates, Quincy, MA

The long anticipated final rulemaking in which CMS adopts the 2012 Edition of NFPA 101 and NFPA 99 has finally been published (anticipated April 1st). What does that mean to my existing healthcare facilities? Is there any impact on the inspection, testing, and maintenance activities that have been required in the past? Do I really need to include fire door inspections? What about new construction projects, whether it is a new building or a rehabilitation project? What do I really need to know about this new rulemaking?

This session will demystify the new edition.

***Spring Seminar Bonus***

Free for All Attendees!

As part of the conference registration, every attendee will receive a complimentary hardcover copy of Construction Management of Healthcare Projects. This is a $75 value!

A complete, practical guide to managing healthcare facility construction projects filled with best practices and the latest industry trends, Construction Management of Healthcare Projects describes the unique construction requirements of hospitals, including building components, specialized functions, codes, and regulations.

Detailed case studies offer invaluable insight into the real-world application of the concepts presented.

This authoritative resource provides in-depth information on how to safely and successfully deliver high-quality healthcare construction projects on time and within budget.

A review on Amazon.com states:

“This is great for those who design or manage hospital projects."

“This book provides a very good summary of the complexities involved in healthcare construction.”
President’s Message—Jona Roberts

Jona Roberts, CHFM, SASHE
Engineering Manager
Dartmouth-Hitchcock Medical Center – Lebanon, NH
2016

NEHES President

I am honored to be serving at NEHES President for 2016. Many thanks to Paul Cantrell and the other past presidents who have set a solid foundation of success for NEHES.

There are two priorities that come to mind as I look to this year. They center on the value of membership and on education provided by NEHES.

Think about the things we value. When we invest our money to purchase something, we want to get a return on that investment; we want to know that our purchase has value.

The same holds true when you are asked to pay membership dues to NEHES or to pay a fee to attend our educational events. (Spring Seminar and Fall Conference being the two major ones.) You want to know that you are getting value for your purchase, or in this case, membership.

I can assure you that you are getting a return on your investment many times over. Whether you pay $35 as an Active Member or $100 as a Supporting Member, the benefits are there.

Value comes in being a member of one of the premiere healthcare engineering organizations in all of New England. Your membership shows your commitment to an ever growing and dynamic profession.

Your membership is supported with a quarterly newsletter that keeps you updated on activities and events of NEHES as well as with a professionally maintained website that allows you access to information not found elsewhere.

Membership also funds two outstanding educational events that provide you with current information about healthcare engineering issues all designed to make you a better informed engineer; one that can actually save your organization money.

You heard that right.

Part of the value of your membership is directly linked to saving your employer money. (As our NEHES member Dave Dagenais often says, “Your NEHES membership makes you a solution provider and money saver to your organization.”

There is not a CEO anywhere who would blink at an expense, usually under $100, that could save your hospital many thousands of dollars.

If you are a Supporting Member, the goal is to bring your products and services to our NEHES members to see if you can help them solve solutions at their facilities. The value for you is the opportunity to talk face to face with hundreds of NEHES members, each who could benefit from what you offer. (Think of the dozens of cold sales calls you would need to make just to get in front of this many potential customers.) Your NEHES membership brings sales to your business.

And the utmost value to all members is the world class educational opportunities that you can attend. Leading experts on the national, regional, and local levels share their insights and knowledge about things that interest you most: codes and regulations, cost containment, capital projects, project management, safety, renovation versus new construction, and the list goes on.

I make a challenge to each of you during my term as NEHES President. My promise is to provide you value in being a NEHES member; to make sure that you feel your investment in the organization is worth the time and expense.

I feel confident that you will share the experience of thousands of NEHES members who, since 1958, have advanced their careers, learned from others, and have benefitted from this professional society. I feel confident that you will find value in being a NEHES member.

53rd ASHE Annual Conference – July 10-13, 2016—Denver, Colorado

The ASHE Annual Conference and Technical Exhibition is the trusted national conference and trade show for healthcare facility management and engineering professionals. This year’s event is slated for July 10-13, 2016 in Denver, Colorado.

More than 3,000 professionals gather on-site to get vital information on health care compliance, codes and standards updates, emerging trends, and best practices for efficiency, sustainability, emergency preparedness, and other pressing topics in the field.

There will be plenty of opportunities for education, networking, socializing and taking a moment or two to honor the healthcare engineering profession. Education credits are also available through ASHE with the awarding of continuing education units and contact hours.

The vendor display area usually has an average of 320 exhibitors with information about products and services of interest to healthcare engineers and facility managers.

As Dave Dagenais, longtime NEHES member and Past President of ASHE, said at the NEHES Fall Conference, “Attendance at a professional conference is not just about education and networking; it is a return on investment in ways that can help your organization save money. Real dollars can be saved by your investment in these events.”

ASHE even provides a Return on Investment Executive Summary letter, designed to help build your case for attending a national conference. Who should attend the conference? Just about anyone who works in healthcare engineering, but especially:

- Health care facility managers
- Health care engineers (clinical, biomedical, electrical)
- CEOs and CFOs
- VPs of support services
- Health care construction managers
- Environmental managers
- Safety and security managers
- Project managers
- Health care property managers
- Contractors
- Architects

For more information about attending the conference, click here.
Nominations Open For 2015 NEHES Engineer of the Year—Deadline May 31, 2016

While we all appreciate the recognition we receive at our individual facilities, one of the highest honors comes from the New England Healthcare Engineers’ Society when they designate a member as Engineer of the Year.

Nominations are now being accepted with a final deadline on May 31, 2015. The 21st NEHES Engineer of the Year award will be presented to a NEHES Active member who has distinguished himself/herself in service to the Society and the healthcare engineering profession.

Distinguishing qualities may include service to their institution, their chapter, fellow engineers, and the Society as a whole.

The successful candidate will be announced during the NEHES Fall Conference to be held in Whitefield, NH from September 25 to 28. Please take a moment to review and download the nomination forms>> and nominate a deserving candidate for acknowledgement as the next NEHES Engineer of the Year.

Completed nominations and supporting documents can be emailed to:

Paul Cantrell
paul.cantrell@lahey.org

Past Engineers of the Year are:
1996 - Mark Cappello
1997 - Tom O’Sullivan
1998 - Jack Gosselin, FASHE, CHFM
1999 - Steve Cutter, SASHE, CHFM, MBA, HFDP
2000 - Joe Mona
2001 - Mark English, CCE, SASHE, CHFM
2002 - Don Garrison, FASHE, CHFM
2003 - Gene Cable, P.E., MSFPE
2004 - Ron Vachon, SASHE, CHFM, CHEC
2005 - Joe Mona
2006 - Bob Lord
2007 - Steve Jalowiec, P.E., CHFM
2008 - Fred Leffingwell, CHFM
2009 - Dave Dagenais, FASHE, CHFM, CHSP
2010 - Ed Lydon, SASHE, CHFM
2011 - Jona Roberts, SASHE, CHFM
2012 - Milt Dudley, CPE, CHFM, CHEC
2013—Ron Vachon, SASHE, CHFM,
2014—Dave Rosinski, CHFM

The New England Healthcare Engineers’ Society is pleased to announce the continuation of the Chapter Leadership Award. This program has been established to recognize leadership at the NEHES’ state chapter level promote leadership on a regional basis, including possible board participation at NEHES, and to provide an introduction or additional exposure to the American Society for Healthcare Engineering (ASHE).

• Benefits to the State Chapters and NEHES:
  * To recognize chapter leadership
  * Promote involvement in leadership within NEHES
  * To encourage chapter participation in the ASHE Emerging Regional Leader program

• Chapter Leadership Award Benefits and Responsibilities:
  * Award announced and the recipient introduced at the Fall Conference
  * Recipient(s) will receive:
    A plaque, press release, and recognition in the NEHES newsletter commemorating their achievement.
  * Complimentary NEHES and ASHE membership for the following year.

* Complimentary registration to the 2016 Fall Conference

• Eligibility:
  * Each of the 6 NEHES state chapters should nominate one person annually. Of all the submissions, one nominee will be chosen for the annual NEHES Chapter Leadership Award.
  * To be eligible for this award, the candidate must be a current active member of their state chapter and NEHES, (and must maintain their membership the following year to qualify as a possible NEHES board member) be currently employed in a facet of healthcare facility operations, demonstrate leadership skills through their workplace and chapter efforts, and through their commitment to the field of healthcare facility management.

• The Application Process:
  * After a state chapter candidate is selected the following supporting documentation can be submitted by the State Chapter Representative or to the NEHES Recognition Chair. The documentation includes:
    • A letter of recommendation from a chapter officer that outlines the reason for the nomination, leadership qualities of the candidate, and examples of their contributions to the chapter and healthcare facility management.
    • A high resolution color photo (electronically or on a stick/disk).
    • The candidate’s current professional resume.

Applications are due by May 31, 2016.

For additional information or to submit an application please contact:
Paul Cantrell, Recognition Chair
781.744.1167
paul.cantrell@lahey.org

2015 Chapter Leadership Award presented to Peter Girard (at left) representing the New Hampshire Chapter.
While advocacy on the national level is always important to our profession, never forget that local advocacy can be the most direct and significant way to bring about change.

Consider what is happening in Massachusetts as we speak. The Massachusetts Hospital Association recently alerted me that State Representatives Mark J Cusack and Michelle M. Dubois introduced House Bill 172 “An Act to Establish Standards for Medical Gas Piping Systems” to the Massachusetts legislation. The bill goes on to say that “An Act to establish standards for medical gas piping systems. Such work having been heretofore unregulated, and as a matter of public safety, the Massachusetts Board of Examiners of Plumbing and Gasfitters, under the terms of Chapter 248 CMR, will be authorized to oversee and set standards for all work on medical gas and vacuum piping systems”.

I quickly alerted Corey McNulty, CHFM, President of the Massachusetts Healthcare Facilities Professionals Society of the pending House Bill 172. Quick to respond, together we provided guidance to the MHA by informing them that indeed medical gas piping systems in hospitals is regulated and that it would be concerning to see over regulation of the installation and management of piped medical gas systems.

MHA provided the following written testimony of behalf of hospitals and health systems; “in direct contrast to the opening sentence of this bill, the health care industry, and medical facilities in particular, must comply with national and state regulations and standards related to the installation, inspection, testing, maintenance, performance, and safe practices for facilities, material, equipment, and appliances, including medical gas and vacuum systems. These standards were adopted as part of the National Fire Protection Association (NFPA) healthcare facilities code (NFPA 99). The NFPA 99 establishes criteria for levels of health care services or systems based on risk to the patients, staff, or visitors in health care facilities to minimize the hazards of fire, explosion, and electricity. These standards have been adopted by the federal Centers for Medicare and Medicaid Services (CMS - 42 CFR 482.41), which mandates that hospitals and other health care facilities must meet the provisions of the NFPA 101 and 99. These standards are also adopted as part of the national accreditation standards issued by the Joint Commission (TJC - Environmental Care standards - EC 02.03.01 and 02.05.03). Both the CMS and TJC standards and regulations are mandated as part of the facility licensure requirements issued by the Massachusetts Department of Public Health (105 CMR 130.200 and 105 CMR 130.202).

MHA further urged the committee to reject HB172 by expressing that the standards have long been followed and utilized by the health care industry; and that member hospitals are concerned about the unintended consequences HB172 poses to facility safety in the absence of a specific exception for facilities that are meeting NFPA 99 standards in compliance with federal, state, and national requirements.

In further follow up, a letter of concern was sent independently to the Massachusetts Honorable Jennifer Bensen, Chairwoman Joint Committee on Consumer Protection & Professional Licensure, from each organization; Corey McNulty, CHFM, President of the Massachusetts Healthcare Facilities Professionals Society, Jona Roberts, President of NEHES on behalf of Massachusetts members, and Ed Lydon, ASHE Region I Director on behalf of Massachusetts ASHE members. The letters were similar in nature to the testimony provided by MHA.

In a recent publication “The Pipeline” January 2016 edition, the United Association Plumbers and Gasfitters, Boston Local 12 published to its membership that there is an act before the Commonwealth’s legislators to establish standards for medical gas piping systems. Local 12 goes on to say in their publication that “plumbers have long performed the specialized work, but it has been unregulated and that it is a health and safety issue” according to Harry Brett, business manager for Plumbers Local 12.

You may be asking the question why is this concerning to me? The response, in part, is do we need additional government oversight on a standard that to our knowledge has not resulted in negative impact to patients? It is important to note that the development of NFPA codes and standards is done by consensus. NFPA is often called the consensus codes and standards because language within the standards are developed and adopted using an open, consensus-based process.

All NFPA codes and standards are developed and periodically reviewed by a well-balanced volunteer committee with a wide range of professional expertise such as representatives from the fire service, insurance companies, manufacturing associations, trade unions, trade and engineering associations.

How does this initiative impact other New England states, or even nationally, the thought of having only one interest group, in this case a national labor organization setting direction through local legislation feels unbalanced in approach and some may say self-serving? Successful legislation in Massachusetts may lead to similar agenda in other states.

Then there is cost to consider. Is this going to be another unfunded mandate on the health care system? As of the writing of this article, HB 172 appears to still be in the Consumer Protection & Professional Licensure committee.

State Chapter News—A Look From Around the Region

New Hampshire Society of Healthcare Facility Managers

2016 Meeting Schedule (tentative):
Meeting place: NHHA – New Hampshire Hospital Association, Airport Road, in Concord, NH
- January – NFPA70E
- February – Fire Stopping
- March – OPEN
- April – Spring Seminar in Lebanon, MA
- May – Hydronic Water Testing
- June – OPEN
- July – ASHE Conference
- August – Twin State Seminar
- September – NEHES Fall Conference in Whitefield, NH. NHSHFM is the host chapter for this annual event being chaired by Peter Girard. Also discussed the COMPASS Symposium; the Maine connection
- October – OPEN
- November – OPEN
- December – Annual Planning Meeting

President: Greg D’Heilly,
Maintenance Operations Supervisor, Dartmouth Hitchcock Manchester,
Gregory.E.DHeilly@Hitchcock.org
Vice President: Paul Colby,
Carpenter, Concord Hospital, pcolby@crhc.org
Secretary: Rob Russman,
Maintenance Operations Supervisor, Riverwoods at Exeter,
russman@riverwoods.org
Treasurer: Tim Bishop,
Director of Facilities, Riverwoods at Exeter – tbishop@riverwoodsrc.org

Massachusetts Healthcare Facilities Professionals Society

Recent program topics have included:
- Code Requirements for Behavioral Spaces

Recent actions taken:
- MHFPS voted to set money aside for a scholarship fund for active members.
- Finalizing plans for the co-sponsorship of the MHA Construction Conference

Membership Update:
- 45 Active Members
- 53 Supporting Members

President: Corey McNulty, CHFM Regional Director of Plant Operations, Vibra Healthcare
CMcnulty@newbedfordrehab.com
Secretary: Open
Treasurer: Dave Fowler, Senior Director- Support Services, Anna Jacques Hospital, DFowler@ajh.org

State Chapter Representative:
Corey McNulty, CHFM Regional Director of Plant Operations, Vibra Healthcare, CMcnulty@newbedfordrehab.com

The January educational session had 26 members in attendance. FW Webb was our lunch sponsor and Morris Switzer presented.

Maine Healthcare Engineers Society

Recent program topics have included:
- “3D Scanning and BIM” by Jason DiSalvo
- “Accessibility and the ADA–2010 Standard for Room Identification Signs and Wayfinding.” by Kathy Davis, Vice-President of Welch Sign

Membership Update:
- 41 Active Members
- 48 Supporting Members
- 89 Total Members

President:
Chris Henderson, Facilities Director
Acadia Hospital, Bangor, ME
chenderson@emh.org

Vice-President:
Brian Campbell, Maintenance & Construction Manager
Central Maine Medical Center, Lewiston, ME
campbri@cmhc.org

Secretary/Treasurer:
Jeff Thomas, Director of Facilities Management
Spring Harbor Hospital, Westbrook, ME
thomaj3@springharbor.org

Chapter Representative:
Dan Bickford, Director of Engineering
Central Maine Medical Center, Lewiston, ME
bickfoda@cmhc.org
State Chapter News—A Look From Around the Region

Rhode Island Healthcare Engineers Society

Recent program topics have included:

- Life Safety Code Hot Topics... Preparing for the 2012 Edition
  Presenter(s): Nicholas E. Gabriele, CFPS, Vice President, & Joseph Beadle, CFPS - Senior Fire & Emergency Management Consultant - Russell Phillips & Associates,

Vice-President: Pamela Mace, Director Facilities Services, Newport Hospital, pmace@lifespan.org

Treasurer: John R. Zoglio, MBA, CHFM, CHSP, Manager of Safety and Emergency Preparedness, Kent Hospital—john_zoglio@mhri.org

State Chapter Representative: James Carroll, Director of Facilities, Butler Hospital jcarroll@butler.org

Membership Update:
- 21 Active Members
- 5 Supporting Members
- Recently 2 new members

President: Charles Brown, Director of Facility Maintenance Saint Elizabeth Home – East Greenwich, Rhode Island cbrown@stelizabethcommunity.org

Connecticut Healthcare Engineers Society

Recent program topics have included: Update on the EPA Proposed Rule on Management for Hazardous Waste Pharmaceuticals.

- CT Construction Approval & Inspection process for hospital projects.

President and Chapter Rep: Paul Roth, CHFM, Facilities Operations Manager, Lawrence and Memorial Hospital, New London, CT proth@lmhosp.org

Vice-President: Al Wasko, Associate Director, Plan Maintenance, Yale-New Haven Hospital, New Haven, CT – alwasko@ynhh.org

Secretary: Ron Hussey, Manager of Facilities and Engineering, Johnson Memorial Hospital, Stafford Springs, CT ronald.hussey@jmmc.com

Membership Update:
- 42 Active Members
- 8 Supporting Members

Vermont Healthcare Engineers Society

The VHES January meeting included:

Efficiency Vermont is on a mission to be more effective partners in helping your hospital reduce the burden of energy costs. In this presentation we provided several "short takes" on our overarching strategy, new support for thermal energy measures at hospitals, research and development initiatives underway, data-driven HVAC insights, hospital lighting opportunities, and then time for feedback and discussion.

This session covered the process and implementation for integrating sustainability and energy efficiency into the University of Vermont Medical Center inpatient bed project which is anticipated to have half the EUI (energy use intensity) as the average building on campus. The session outlined the guiding principles that were the basis of the project, the sustainability goals, the energy modeling and due diligence that was incorporated into the planning stage, and the architectural response to these directives. Attendees learned about best practices for integrating sustainability into the design process, and the tools and methods that can be applied to meet energy efficiency goals.

Upcoming program topics include:

- March 11, 2016
  VA Medical Center WRJ, VT
  Discussion of OR ventilation & designs for infection control & energy savings

- May 13th, 2016
  Springfield Hospital, Springfield, VT
  Topic ~ HR/Management

- August 5th, 2016

President: Erik Lahr, Supervisor of Facilities Management and Environmental Services, UVMC- Fanny Allen, Erik.Lahr@uvmhealth.org

Vice-President: Joe Voci, Supervisor of General Maintenance, UVMC, Joseph.voci@UVMhealth.org

Secretary/Treasurer: Robert Prohaska, Director of Plant Services, Brattleboro Memorial Hospital, rprohaska@bmhvt.org

Chapter Rep: Erik Lahr—UVMC

You can visit the Chapter website at www.vhes.org

Joint Meeting VT & NH Chapters
Location DHMC, Lebanon, NH

President: Erik Lahr, Supervisor of Facilities Management and Environmental Services, UVMC-Fanny Allen, Erik.Lahr@uvmhealth.org

Vice-President: Joe Voci, Supervisor of General Maintenance, UVMC, Joseph.voci@UVMhealth.org

Secretary/Treasurer: Robert Prohaska, Director of Plant Services, Brattleboro Memorial Hospital, rprohaska@bmhvt.org

Chapter Rep: Erik Lahr—UVMC

You can visit the Chapter website at www.vhes.org
In 2006, seven students from the Massachusetts Maritime Academy at Buzzards Bay, MA received NEHES scholarships. NEHES has a long standing history of awarding scholarships to education seekers.

Attacking a Class “B” fire with dry powder. Taken from a NEHES demo in 1966 in Hanover, NH.
NEHES—A Path to Education
Opportunities Abound to Advance Your Career

One of the best benefits of NEHES membership is the opportunity to advance your education in the healthcare engineering field. Whether it is attending our annual education conferences, networking with your peers, or registering for special opportunities, there is education and potential advancement at every turn. Here are just a few of the opportunities I’d like to highlight.

• Active Member Scholarship Application

NEHES can help cover the cost of college courses through its Active Member Scholarship Program. Active Member is defined as those individuals who are directly employed in or by healthcare-related facilities (those that provide patient care), and who have responsibility in healthcare facility operations (e.g. facilities management, plant engineering, planning/design/construction, security, safety, clinical engineering, and telecommunications.

Applications are now being accepted and can be completed throughout the year. Scholarships shall be awarded on a rolling basis until all funds have been allocated. The maximum that may be awarded each year for an active member scholarship is $2,000.

Applications begin by providing the following information:
- Name, Title, Current Employer, Employer Address, Tenure with Current Employer, Years worked in Healthcare, Current level of education, Degree / Educational Program (enrolled or planned)

More detailed info can be found at Scholarship Application.

• Intern Scholarship Application

The Intern Scholarship shall be awarded to an intern working for an Active Member's institution. The goal of the program is to introduce an intern to the field of healthcare engineering in hopes of recruiting them into the profession.

Applications are accepted anytime between January 1 and April 15 for consideration this year.

The proposals will include detailed information about the Active Member’s institution and the scope and range of the work to be completed and the qualifications for a student intern.

Intern Scholarships shall be awarded on a rolling basis until all funds have been allocated. Intern Scholarship awards are up to $5000.

More detailed info can be found at Intern Scholarship.

• Partnership with Champlain College—Burlington, VT

If you are looking for an online educational program that’s affordable and can meet your educational goals, you might want to consider the partnership that NEHES has with Champlain College in Burlington, VT.

The program is called truED® and it offers both Bachelors and Masters degrees as well as undergraduate and graduate certificate programs. truED® is the innovative solution Champlain College has developed to provide high-quality, in-demand online education at a fraction of the cost of traditional college tuition; creating a pathway to access debt-free bachelor's degrees, master's degrees, and certificates.

The Champlain Approach includes:
- Coursework entirely online. (Some programs have residency requirements.)
- Competency-based learning: maximize credits and experience
- Practitioner-taught courses relevant to current practices
- Emphasis on technical knowledge and in-demand soft skills including problem solving & critical thinking, communication & collaboration, and adaptability & creativity.

Degree programs have various payment options and offer degrees at substantial discounts.

For more information, go to Champlain College/ NEHES Program.

Advanced Education in Healthcare Engineering

Here are a few programs offering degrees in engineering or facilities management.

• Indiana University-Purdue University—Offers an M.S. in Technology-Facilities Management online graduate program.

• Maine Maritime Academy offers undergraduate degrees specializing in Engineering, Engineering Technology, and Engineering Operations.

• Massachusetts Maritime Academy offers a B.S. degree in Facilities Engineering, Energy Systems, and Marine Engineering. They also offer an M.S. in Facilities Management.

• North Carolina State University—Offers a Facilities Engineering Management Diploma. Participants must complete three, one-week courses totaling 96 contact hours.

• Owensboro Community and Technical College—Offering an Associate Degree specific to Healthcare Facilities Leadership. The program is available entirely online and in-state tuition is charged regardless of where the student resides.

• Wentworth Institute of Technology— Offers an online and on campus M.S. in Facility Management.
Creating Space When the Space Just Isn’t There

How To Get 4’ of Plenum in a 2’ Space

Authored by:
Janette McLaughlin,
Project Manager, EMMC’s Construction Services Department

Kristen Damuth,
Senior Architect with SMRT Architects and Engineers, Portland, ME

David Belleville, APA LLC, Canton, MA representing Huntair CLEANSUITE system

EMMC is the specially referral hospital for the northern two-thirds of Maine, providing leading-edge programs in cancer, surgery, and cardiac care, among many others. Our passion is providing the best patient care possible with a focus on excellent service, clinical quality, and patient safety. A committed partner to our patients and community, we believe nothing should stand in the way of quality healthcare.

When Eastern Maine Medical Center (EMMC) wanted to build a new procedure room for transcatheter aortic valve replacements (TAVR) for patients who are at high risk for open heart surgery in an existing building several challenges were encountered.

When you look at any modern surgical suite, you will see a lot of medical infrastructure to support the functionality of that room, including overhead booms for exam lights, LCD monitors, medical gas stations, and other related equipment. The market is changing as these state-of-the-art surgical suites are being utilized to increase productivity and enhance patient flow. Sophisticated medical equipment can be attributed to reducing patient recovery times and minimizing infection risks.

However, in order to support these state-of-the-art rooms, there is a very intricate collaboration of overlapping structural steel supports, conduits, ducts, piping and other equipment above the ceiling that is vital to these rooms functioning. This related infrastructure does require a certain amount of headroom above the ceiling, and for older facilities that are retrofitting their operating rooms, this can be problematic.

The design team was faced with a dilemma: how to get the required infrastructure above the ceiling with only 19” of available space for ductwork, laminar flow diffusers, equipment boom mounts, lighting, and an architectural ceiling grid. The original building in which the TAVR room was being planned was built in 1972, and the floor to floor distance was limited to 12'-0”, and with the new headroom requirements of the required imaging and medical equipment, space above the ceiling was at a premium. The concern was that with the limited headroom, the project team might have to relocate the room to another part of the hospital which would have increased cost and delayed the project.

During the 2013 NEHES Fall Conference, Janette McLaughlin attended a presentation on a new modular ceiling technology from Huntair called CLEANSUITE that incorporates all the required infrastructure into a modular, prefabricated system. The CLEANSUITE system is an all-inclusive, modular ceiling diffuser system that may be built in and hung directly above the patient table in an OR and other locations requiring low turbulence, laminar airflow. CLEANSUITE systems remove airborne particles and contaminants away from the area of the patient on the operating table, bathing the patient in HEPA-filtered air, while at the same time preventing entrainment of room air surrounding OR personnel and equipment. This seemed like an excellent application.

Initially the concern was that the typical module depth requires 24”. The team contacted Huntair and learned that the module is a custom fabricated system that could potentially provide a solution. SMRT Architects and Engineers, (a full service architecture, engineering and planning firm) provided architectural drawings of the room along with the HVAC airflow requirements to Huntair to develop a customized module. After initial review, a concept drawing of a modular system was developed that met all the airflow and structural steel requirements that fit within the 19” of available headroom.

“I had not worked on a project where we really did have to worry about every quarter inch available,” said Kristen Damuth, senior architect with SMRT Architects and Engineers. “Usually we have more available tolerance especially in an existing building.”

The existing structure is a poured concrete waffle slab with 12” deep concrete ribs at 32” on center. This meant that all of the steel equipment supports, piping and ductwork had to be below the bottom of the concrete rib which was at 10'-8” above the floor. The height of the ceiling over the table had to be 9'-1” which left 19” of space for engineering infrastructure. The modular unit could not be bolted directly to the ribs so the team designed a steel support system for the unit that took 4’ of that available space. That left the remaining 15” for the modular unit which would provide the air and the lighting over the table.

There were several rounds of intense coordination between multiple engineering disciplines along with the equipment manufacturer. “It was a bit nerve-wracking, but fun,” adds Demuth.

The modular approach allowed EMMC to construct an OR in an older section of the hospital previously used for outpatient surgery. Building anywhere else would have put an existing OR out of service for months and created inefficiencies in staffing and patient care”.

Eastern Maine Medical Center
What is in Your Project Management Toolbox?
*Supply Your Toolbox Well for Great Results*

By Bob Bremm
President,
Orion Maine Inc.
Bowdoinham, ME

We hear this all the time, ‘our institution does not have any major projects now, so no point talking about project management’. This is the equivalent of an NFL team not ‘talking’ football until taking the field on the first day of the season. In fact, if you find yourself between projects this is the perfect time to review your project processes, tools and controls.

We feel that it is very important to ‘do the hard work early’ to set your project up for success. To illustrate this point we will use a case study. The identity of the institution will remain confidential. Now imagine your CEO walks in and says he wants to build a Medical Office Building (MOB) on the same site as an existing MOB. You ask a series of questions such as:

- How big?
- What is the budget?
- What has been done so far?
- Who are the tenants?
- What is the schedule?

He can’t answer most of the questions. He gives you a list of potential tenants, puts you in charge and says he wants to occupy in 14 months. Now what?

Well using some metrics and your standard Proforma to develop total project costs you determine this will be a 50,000 to 60,000 sf building and total cost will be between 20-25 million dollars. You then pull out your project startup checklist and develop a plan.

You immediately meet with administration and explain that this will have to be a fast track project. Meaning, we will be building while designing. The risks are explained. You then have several educational sessions with them about the process, terminology and how the selection process will proceed. You are told to proceed.

Knowing that the approval/permitting process is critical to the schedule, your next step is to mobilize key consultants such as: surveyors, phase one environmental, geotechnical engineers and traffic engineers. Fortunately, you have RFP templates for these disciplines which also include consultant standards and agreements.

Understanding that the standard AIA contracts are in the architects & contractors best interest you had previously developed your own contracts, giving you greater rights and remedies. You live by the adage that ‘your next contract should be better than the last but will never be good enough’. You now update your contracts based upon lessons learned.

You then send out your design RFP template. This also includes your contract. Invitees are informed that if they respond to the RFP they have then agreed to the contract language. You subsequently attach as an exhibit the RFP response to the contract.

While selecting your architect you send out your Construction Management (CM) RFP with the contract. Your Critical Path Method (CPM) schedule specification is a critical component of the contract. Your selected architect will participate in the CM interviews. You now send out RFP’s for commissioning and testing services.

You have put your standard filing system in place, both physically and electronically. You have incorporated your Proforma/estimate into your budget management and tracking tool. From this point moving forward, you will know your free and clear contingency every moment of the project. This gives you great credibility with administration. This also facilitates the fast decision making of administration.

Well, so far so good. Some challenges now present themselves. You discover that the boundary line of two towns meet on the 8.5 acre site. Jurisdiction needs to be determined. It comes to light that an abandoned 24’ diameter water line runs the length of the site, right down the middle. The issue is that the easement was never terminated. You can’t get a planning board permit without this termination from an unmotivated water company. You subsequently mobilize your legal team.

You started the beginning of August and now it is the end of September. Programming has been completed. The building will be 50,000 sf and three stories. The entire site will also be redeveloped. Three very creative building types are presented. Naturally the CEO picks the curved shape with the glass curtain wall. This adds some complexity to the construction.

Though there were many challenges I will just focus on key ones. The elevator location is set and the spec’s developed so this bid package goes out immediately. This is the longest lead item. The soil tests have come in and the soils are incredibly poor. Auger cast piles will need to be used down to 60’. Late November you receive planning board approval conditioned on easement termination. Bid packages have been going out. A total of 41 bid packages will be awarded on the project. Water easement is terminated first week in December. Ground breaking occurs second week in December. We all know that concrete can only be done in the winter. Piles were drilled and poured. Immediately they sank 20’ due to unknown underground voids. Redesign for this cost two weeks and $72,000. The next major hurdle was that the concrete decks were not drying in time to meet the flooring specifications. The only option to meet the final schedule was to install an epoxy system. Cost was $250,000 and cost two weeks in time.

An incredible team had been built. Everyone including the subs bought into the very aggressive schedule. The Owner in most cases were making same day decisions. When the CM’s monthly invoice was approved the owner wired overnight payments. This built incredible good will and there were no man power issues.

The final result was that a certificate of occupancy was received one week early and the project was 5% under budget. Total change orders were less than 1%. This project was a success because it was set up correctly starting with the first day. Fortunately the processes, tools and controls were available to help facilitate this success. It takes time to develop these. The best time to do so is well before a project commences.

Questions:
- What is in your project management tool box?
- Do you update the toolbox as needed?
- What extra tools do you keep in this box?
Electrical Planning  
Why Plan a Shutdown?

Plug loads in the hospital setting are made up of fixed medical equipment and miscellaneous cord-connected convenience receptacle loads. In general, this equipment falls into two categories, medical devices and office equipment. Most medical devices can be found in the immediate vicinity of the patient. This cord-connected equipment includes ventilators, intra-aortic balloon pumps (IABP), monitor-ing systems, portable x-ray machines, electric beds, EKG machines, infusion pumps, respiratory therapy equipment, dialysis machines, portable heaters, and compression pumps. Generally, the density of the medical equipment and medical equipment plug load increases with the acuity of the patient being treated. This is evidenced by the greater code requirements for 120V convenience receptacles at the headwall of a critical care bed vs. a standard care patient bed.

The balance of receptacle load usually consists of office equipment such as printers, copy machines, fax machines, and computer work stations. Unlike medical devices, the density of these types of loads does not vary significantly with the acuity of the patient population being treated. This study focused specifically on the 120V cord-connected equipment typically found in the patient care suite.

Here, the majority of cord-connected equipment is located in the patient room. This makes metering electrical consumption of individual pieces of equipment nearly impossible. Typically, cord-connected medical equipment is mobile and may not be dedicated to a single patient care suite. Even if the load of individual pieces of equipment is determined, it is difficult to accurately predict the number of devices in use in a suite at any given time. Often (e.g., with the design of the two buildings monitored), the plug load distribution systems are sized based on worst case equipment population with concurrent peak loading.

The authors of this study decided to monitor aggregate loading at key 120V distribution points. These points afforded an opportunity to capture actual cord-connected loading of entire patient care suites, including patient medical devices, computers, and office equipment.

A six-month case study trended the emergency and normal power 120V cord-connected plug loads at two inpatient care facilities located in Boston, Massachusetts, each part of a tertiary care academic medical center. Both facilities are newer than ten years old and feature state-of-the-art diagnostic and treatment equipment as well as single patient rooms. One facility houses a 29-bed cardiac intensive care unit and three additional inpatient care suites for treating patients of varying acuity. The second facility contains a 29-bed neurosciences intensive care unit and four general medical inpatient suites. These areas were selected for two reasons. First, the acuity of recovering patients and cardiac ICU patients afforded an opportunity to selectively profile the worst case medical equipment plug loads, which could be used as an upper limit plug load benchmark. Second, the buildings selected were both relatively new and designed with both segregated receptacle power distribution and integral networked sub-metering systems.

The graph below illustrates difference between design plug load and design power density. It is critical not to over design the electrical systems. For more details>>

Maximum Plug Load Power Density (W/reg)
Design Plug Power Density (W/reg)

Electrical Plug Loads: Fixed vs. Cord-Connected: Don’t Overdesign

There are a number of good reasons for hospitals to plan an electrical shut-down. However, many complementary tasks, including maintenance and training, can be addressed during planned shutdowns, whether the shutdown is driven by a construction or renovation project or is intended specifically for maintenance.

Lessons learned from large utility blackouts include the discovery that equipment intended to be connected to emergency power sometimes is connected to normal power (NP). This has been found to be true even when record drawings showed the equipment connected to emergency power and main-tenance and engineering personnel believed that was the case.

For example, generators at hospitals failed after blackouts commenced because the fuel oil transfer pumps or remote radiator fans were connected to normal power. Several hospitals discovered that in Boston where radiology equipment connected to emergency power operated for only a short time because support equipment or ventilation and cooling equipment was connected to normal power. The only way to be sure what equipment is connected to emergency power is to experience a true NP shutdown, and it is preferable to find this out during a planned exercise rather than an actual emergency.

For several years Anand Seth, PE, CEM, CPE along with David Stymiest, PE, CHFM, ASHE and myself have developed this shut down process at Massachusetts General Hospital.

For more details see ASHE monogram Managing Hospital Electrical Shutoffs

ASHE membership required for online access. Print version available for purchase.
Vermont Launches Nation’s First Single-Use Battery Recycling Program

On January 1, Vermont implemented the first mandated producers-funded single use battery recycling program in the nation.

For 21 years, Call2Recycle has voluntarily served the state of Vermont with a free rechargeable battery collection and recycling program. The new law minimizes consumer confusion, as residents will no longer need to separate out single-use batteries when they recycle. This program will also help maximize the number of batteries being diverted from landfills.

Building on its current network of nearly 100 drop-off sites within 10 miles of 86 percent of Vermont residents, Call2Recycle will continue to make it easy and convenient to recycle batteries. Vermont residents will be able to recycle their household batteries (including AA, AAA, C, D, and other single-use battery types) at a wide variety of convenient locations, including retailers, municipalities, libraries, and other frequently visited locations.

Vermont’s Primary Battery Law requires producers of single-use batteries to provide a Stewardship Plan to manage the proper recycling of those batteries sold in Vermont. Numerous battery producers have designated Call2Recycle as its stewardship organization to fulfill its obligations in the state and will be funding the approved plan.

Call2Recycle has led a nationally embraced stewardship program for collecting and recycling batteries and cell phones since 1994. Last year the organization reached a significant milestone and announced that 100 million pounds of used batteries had been diverted from landfills and responsibly recycled during the past 21 years thanks to their stewardship work.

“Vermont’s battery program marks a pivotal moment in our country’s efforts to reduce the amount of materials in our landfills through responsible recycling,” said Carl Smith, CEO & president of Call2Recycle, Inc. “Call2Recycle is thrilled to be at the forefront of battery stewardship and excited to be applying its expertise to offer a comprehensive battery recycling solution to Vermont residents.”

For more information http://www.call2recycle.org/vermont-launching/#sthash.3FOtGiE5.dpuF

Building Green and Sustainable Parking Lots

What is a green and sustainable parking lot?

Green parking lots use innovative storm water management practices, vegetation, and sustainable paving materials to mitigate adverse environmental impacts of large expanses of paving.

Green parking lots also incorporate sustainable practices such as adding energy-efficient lighting and renewable energy sources, providing safe pedestrian circulation, and creating significant public spaces that could contribute to the overall local community fabric. These parking lots go above and beyond traditional lots by improving the natural environment and the quality of life.

Green and sustainable parking lots:

- Integrate into the surrounding built and natural environment.
- Manage water as a resource by promoting infiltration and natural retention systems.
- Protect local water quality through effective filtration and biological systems.
- Minimize the heat island effect through effective shading and alternative pavement material.
- Conserve energy usage and encourage the placement of sustainable energy infrastructure.
- Provide safe walkways.
- Use land more efficiently.

For more information, download the 62 page guide from Montgomery County in Maryland>

The Top 10 Energy Efficiency Hospitals in the World

For modern hospitals, sustainability is a paradox. On the one hand, climate change and pollution present serious public health risks, and reducing them would lower the strain on hospital resources. At the same time, hospitals consume large amounts of energy and produce high levels of waste. Many caregivers and administrators fear that they cannot lower their facilities’ environmental impact without compromising patient care. Nonetheless, few hospitals admit defeat, and many continue to develop new environmental initiatives.

Check out these 10 hospitals located around the globe that have been particularly effective at protecting the environment while maintaining or improving patient outcomes.

One of the top ten is Martha’s Vineyard Hospital in Oak Bluffs, MA. As an island facility, the Martha’s Vineyard Hospital is committed to reducing the strain on local wetlands and waterways. The facility has its own leaching pits and bioretention areas, which it uses to remove pollutants from storm water runoff and wastewater. Not only does this preserve the environment, but it also helps keep island residents healthy, reducing the strain on hospital resources. The hospital also has bike racks and bus service accommodations, and offers preferred parking to residents who arrive in car pools and/or in fuel-efficient vehicles.

Pest Control in a Healthy Way

Today, more health care facilities are embracing practices to eliminate the need for toxic chemical pesticides. While conventional pest control is a reactive

Got a story idea for the NEHES Newsletter?

Send your story idea to neheseditor@gmail.com
approach based on killing insects and rodents without attempting to understand or fix the underlying reason for the problem and involving scheduled pesticide applications, these new practices focus on removing or altering the pest-conducive conditions that lead to pest infestations.

In doing so, their focus for pest management changes from the conventional pesticide application strategy to a preventive nonchemical approach.

Pesticide use—especially in a health care setting—poses a serious risk to human health and the environment. A growing body of scientific evidence links toxic pesticide use to numerous acute and long-term adverse health impacts, including respiratory problems, cancer, neurological issues, birth/developmental or reproductive effects, liver and kidney damage, and endocrine disruption.

To address these hazards, leaders in health care are embarking on efforts to eliminate the use of toxic chemicals in buildings and grounds. Ninety percent of Practice Greenhealth award-winning hospitals self-report they have an integrated pest management program in place. IPM is a strategy focusing on long-term prevention and suppression of pest problems through a combination of practices, such as structural, cultural, mechanical, physical and biological controls. In a defined IPM program, least-hazardous pesticides are used only as a last resort after nontoxic actions have been exhausted. http://greenhealthmagazine.org/pest-problem/

Facts About National Patient Safety Goals—Joint Commission

In 2002, The Joint Commission established its National Patient Safety Goals (NPSGs) program; the first set of NPSGs was effective January 1, 2003. The NPSGs were established to help accredited organizations address specific areas of concern in regard to patient safety.

A panel of widely recognized patient safety experts advise The Joint Commission on the development and updating of NPSGs. This panel, called the Patient Safety Advisory Group, is composed of nurses, physicians, pharmacists, risk managers, clinical engineers and other professionals who have hands-on experience in addressing patient safety issues in a wide variety of health care settings.

The Patient Safety Advisory Group works with Joint Commission staff to identify emerging patient safety issues, and advises The Joint Commission on how to address those issues in NPSGs, Sentinel Event Alerts, standards and survey processes, performance measures, educational materials, and Center for Transforming Healthcare projects.

Following a solicitation of input from practitioners, provider organizations, purchasers, consumer groups and other stakeholders, The Joint Commission determines the highest priority patient safety issues and how best to address them. The Joint Commission also determines whether a goal is applicable to a specific accreditation program and, if so, tailors the goal to be program-specific.

From New England, Dana Swenson, PE, MBA, Vice President, Facilities, UMass Memorial Health Care is a representative on the Patient Safety Advisory Group.

Changes Effective for 2016

For 2016, there are no new National Patient Safety Goals. However, NPSG.06.01.01 elements of performance 3 (establish policies and procedures for managing the alarms identified in EP 2) and 4 (educate staff and licensed independent practitioners about alarm systems) are effective as of Jan. 1, 2016 for the hospital and critical access hospital accreditation programs.

Read more about National Patient Safety Goals
- NPSG Web page
- Patient Safety Advisory Group

You can also submit questions online or call 630-792-5900.

Low Gas Prices Fuel Hospital Savings—By Adam Rubenfire Modern Healthcare—January 21, 2016

Consumers have rejoiced since gas prices dipped below $2 a gallon. Experts say hospitals are also happy about the low cost of oil, since it means significant savings on fuel for their vehicle fleets and petroleum products for their heating systems.

Crude oil prices have stayed below $30 a barrel since mid-January. Hospitals that run their own ambulance services are likely seeing significant fuel savings, but many hospitals also have fleets of vehicles for deliveries, security and maintenance personnel.

“Fuel in general is one of the single largest expenses for a hospital,” said Rob Scheffer, senior vice president of operations for ABM Healthcare Support Services, which provides engineering services and other types of support to hospitals.

If fuel prices stay low, it could encourage more hospitals to invest in in-house distribution vehicles, said JoAnne Levy, vice president of supply chain operations for ROI, a St. Louis-based supply chain organization that serves Mercy health system and several other health systems.

Depending on their size, trucks or vans may run on diesel fuel instead of gasoline. While diesel prices aren’t averaging per gallon prices as low as gasoline’s, they’re still very low ranging about 27% lower than a year ago.

Some experts agree that in light of savings in transportation costs, lower petroleum costs will continue to have a significant impact in mitigating inflation for medical supplies that use petroleum-based plastic.

Hospitals also use gas for boilers, which provide heat, or to power electric generator equipment. Nearly all hospitals use steam in some way or another.

The price of natural gas used for heating has also been low over the past couple of months, dropping sharply in mid-December, and trending much lower than usual over the past year.

Scheffer estimated that 75% of ABM’s customers employ a dual fuel strategy, switching between natural gas and varying amounts of petroleum products to run their boilers. He said many ABM engineers have been making the switch to gasoline over the last year. Engineers are also switching to petroleum because it’s readily available—supply can become an issue in the winter.

“Hospitals are very adept at switching from natural gas, which is less efficient than regular fuel,” Scheffer said. “They’re adept at going back and forth and monitoring the market and costs.”

Scheffer is president of the Association for Professionals in Infection Control.

“If you pick up a newspaper, the national reality and the conversation has really shifted from not just Ebola preparedness but to this broader issue of emergency preparedness in general, and as it relates to infectious diseases,” said Manning. “Other infectious diseases such as influenza and, more recently, a multistate measles outbreak has kept a spotlight on hospital preparedness and control efforts.” For complete article>>>
NEHES News Nuggets

• **NEHES Dues Are Due**

  Here’s a reminder that all NEHES memberships run from January 1 to December 31, regardless of the anniversary date of membership acceptance or past payments.

  There are five types of NEHES Memberships, each with varying annual dues.

  - Active memberships
  - Associate Memberships
  - Educator and Student Memberships
  - Honorary Memberships
  - Supporting Memberships

  The NEHES website has more information on each of the membership categories including links to join or renew memberships. Go to [Membership Application](#).

• **NEHES Logo Trademarked Property**

  Are you proud of being a NEHES member? Do you want to use the NEHES Logo on your website, on promotional materials, or in the signature on your email? Think twice and ask permission is the advice from the board.

  With all good intentions, NEHES members might like to use our logo on a promotional flyer or specialty item to show their support of the society. Members need to know that the logo is a trademarked product and has special guidelines for its use."

  From the usage policy adopted by the board, it states “that the name "NEHES®" and its logos are registered trademarks of the New England Healthcare Engineers Society and may not be used without the prior, written authorization of the Board of Directors, acting through its President.""

  “The registered and common-law trademarks of the Society may only be used by the Society and those persons authorized, in advance, in writing, by the Board of directors. Chapters of the Society which are separately incorporated, so long as they remain in good standing and validly incorporated, may display the trademarks of the Society on their web site, on their letterhead, and on their business cards, if any. The chapters must attribute the marks to the Society and use the appropriate registration symbol in all such uses.”

  “The use of Society marks or logos on clothing or other articles which may be sold or distributed, or in conjunction with another mark or logo of for profit businesses must be approved in advance, in writing, by the Board, acting through the President, and may involve fees.”

  The best bet is to ask permission first to protect the integrity of NEHES and its logos.

• **Supporting Member Forum at Spring Seminar**

  Anne Kroger, Supporting Member Liaison for the NEHES Board of Directors is set to run a town hall forum at the NEHES Spring Seminar.

  Not to worry. Anne is not running a presidential campaign, but she is bringing together Supporting Members to gather opinions, suggestions and feedback about their experience with NEHES.

  “Our Supporting Members are vital to the success of NEHES and we want to take the opportunity at the Spring Seminar to get their feedback in an open forum,” said Kroger.

  From 1:15 to 2:15 on Friday, April 1, Supporting Members will meet in the auditorium at the DoubleTree in Leominster, MA. There is no set agenda for the forum which gives Supporting Members the opportunity to discuss whatever key items might be on their mind.

  Feel free to contact Anne Kroger anytime at AKroger@CANNONDESIGN.com.

• **Communications from NEHES**

  Here are a few ways that you might receive information from NEHES. Checking all of them will get the most news to you.

  - **Quarterly Newsletter**—Although it goes out only four times a year, the newsletter is designed to give you an overview of NEHES activities and events taking place. You have the option of receiving a hard copy, an electronic copy, or both. If you ever have info that should be included in the newsletter, send it to nemeseditor@gmail.com.

  - **Constant Contact**—This is an online email service that sends communications directly to your email, often formatted as a poster or flyer with information. While Constant Contact offers a convenient way to package news items, some members may have spam blocking features that will keep this from your inbox. Be sure to check spam files to see if you are receiving something from NEHES/ Constant Contact.

  - **NEHES Facebook Page**—Feel free to go to the NEHES Facebook page and show that you “like” us there. If you do this, you will receive notices of updates posted on the Facebook page. If you are on Facebook for other purposes, it would be worth your time to access the NEHES page.

  - **Linkedln**—This is another networking site that is a bit more professional oriented than Facebook. With 352 members on the page, there is plenty of opportunity for networking. Note that not all LinkedIn members are NEHES members.

  - **NEHES Website**—We still try to keep the NEHES website as the major source of information and communication. Browse the site to find info on chapter news and upcoming events. If you subscribe to receive info on news articles and events, you will receive a notice whenever one of these items is updated. [www.nehes.org](http://www.nehes.org)
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The opinions expressed by authors do not necessarily reflect the policy of NEHES.

All material in this newsletter is provided for information only, and should not be construed as professional advice. Please consult with your own professional advisors.

Mission Statement for the New England Healthcare Engineers’ Society
To optimize NEHES members’ professional development in providing the safest, most efficient, and welcoming healthcare environment possible.

Events & Dates to Remember

- March 20-23, 2016
  International Summit & Exhibition on Health Facility Planning, Design, & Construction (PDC Summit)
  San Antonio, Texas

- April 1, 2016
  NEHES Spring Seminar at the DoubleTree by Hilton in Leominster, MA
  Organizers: Maine Healthcare Engineers’ Society—Chair: Dan Bickford
  For info and registration >>>

- July 10-13, 2015
  ASHE Annual Conference and Technical Exhibition
  Denver, Colorado

See these Supporting Members at the Spring Seminar

The following members will have booths in the Technical Exhibit area:
- Advanced Technologies Group, Inc.
- AKF Group
- American Plant Maintenance (AMP)
- Anchor Insulation Co
- AQuis
- BMS CAT
- Bond Brothers
- Brand Services
- BuildingIQ
- Cianbro
- Connectivity Point Design & Installation
- Dec-Tam, Inc.
- Door Security & Safety Foundation
- E.S. Boulos Company
- Energy & Fluids, Inc.
- Environmental Health and Engineering Inc.
- F.W. Webb Co
- Fiberlock Technologies, Inc.
- Fitzemeyer & Tocci Associates, Inc.
- George T. Wilkinson, Inc.
- Gleeson Powers Inc
- HATCHMED COPERATION
- Hilti Inc
- Hoffmann Architects, Inc
- Interface
- Isgenuity
- KONE Elevator and Escalator
- Milton CAT
- MIURA AMERICA CO., LTD.
- Modular Services Company
- MorrisSwitzer Environments for Health
- Multivista Massachusetts
- New England Fire Patrol
- Northeast Firestopping Solutions
- Patcraft Commercial Flooring
- Pritchard Brown LLC.
- Russell Phillips and Associates
- SCALES MEDICAL TECHNOLOGIES, INC
- Siemens Industry, Inc
- SIGNET Electronic Systems, Inc.
- SourceOne, Inc.
- Specified Technologies Inc.
- STARC Systems LLC
- STV|DPM
- Synergy Consultants, Inc
- The Lawson Group
- Viega LLC
- Wise Construction
- WSP | Parsons Brinkerhoff

The following members offer various sponsorships:
- MIURA AMERICA CO., LTD.
- Modular Services Company
- MorrisSwitzer Environments for Health
- Multivista Massachusetts
- New England Fire Patrol
- Northeast Firestopping Solutions
- Patcraft Commercial Flooring
- Pritchard Brown LLC.
- Russell Phillips and Associates
- SCALES MEDICAL TECHNOLOGIES, INC
- Siemens Industry, Inc
- SIGNET Electronic Systems, Inc.
- SourceOne, Inc.
- Specified Technologies Inc.
- STARC Systems LLC
- STV|DPM
- Synergy Consultants, Inc
- The Lawson Group
- Viega LLC
- Wise Construction
- WSP | Parsons Brinkerhoff

Food & Beverage Sponsor
- RDK Engineers
- PC Construction Company
- Hospital Energy
- Cochrane Ventilation, Inc.

Keynote Sponsor
- Bond Brothers

Raffle Prize Sponsor
- Acentech
- Harriman

Speaker Sponsor
- Fuss & O'Neill EnviroScience, LLC
- Commodore Builders
- BVH Integrated Services

Technical Guide Book Sponsor
- Synergy Consultants, Inc
- KONE Elevator and Escalator
- Dover Floors LLC d/b/a Sprague Floor Covering
- Methuen Construction

Trade Show Bag Sponsor
- FM Global