The NEHES Fall Conference travels from Portland, Maine in 2013 to Mystic, Connecticut in 2014. It is a 215 mile journey that will bring new learning opportunities, great networking with colleagues and vendors, awards, business meetings, and time to enjoy another seacoast location.

The Connecticut Healthcare Engineers Society has planned a unique event with the help of members, Steve Jalowiec, and Paul Roth.

- The NEHES Annual Awards ceremony will be incorporated as part of part of the opening day events. Special awards will take place immediately following the Keynote Address.
- An “Under the Sea Gala” will end the day on Monday, September 29. This will be a one of a kind event at the world famous Mystic Aquarium.

Keynote & Opening Day Presentations:

Driving Results Through Culture by S. Chris Edmonds, Executive Consultant, The Ken Blanchard Companies

Speaker Chris Edmonds helps leaders create safe, inspiring work environments where employees thrive. In his highly interactive keynote, Edmonds shares insights from his new book, The Culture Engine, outlining how to change your team’s culture through an organizational constitution.

Are Hospital Observation Units a “Must Do” in Today’s Acute Care Environment? By Ed Lydon, SASHE, CHFM, MSHCM, Support Services, Beverly Hospital

Increasing demands for healthcare from an aging population, a rise in the number of complex chronic illness cases, and the lack of access to primary care providers are all placing a greater demand on hospital emergency services. As a result of this demand, CMS is influencing a shift in how patients are cared for: inpatient vs. outpatient observation. This shift has significant impact on hospital reimbursement for services and also on the utilization of resources, beds, and physical environment within the hospital. This presentation will discuss the many interrelated elements that must be considered for this change.

Benefits of Attending:

- The American Society for Healthcare Engineering of the American Hospital Association, (ASHE) will grant attendees 13.5 contact hours, or 1.35 CEUs for this conference.
- Dedicated four hour time slot to attend the extensive vendor display areas. Visit with vendors with products and services of interest to NEHES members.
- Learn from national and regional experts in your profession.
- NEHES members participate in the governing of the society by attending its Annual Business Meeting.

Special This Year:

- There will be a Certified Healthcare Facility Manager (CHFM) review course on Sunday, September 28 offered free to Active NEHES members or to any ASHE Region 1 member attending the conference.
- There will be a CHFM Pencil and Paper Exam on Wednesday, October 1 at the conference location. Exam application and fee is not included in the conference registration. Member fee for the exam is $275, Non-Member is $425.

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  - There will be a CHFM Pencil and Paper Exam on Wednesday, October 1 at the conference location. Exam application and fee is not included in the conference registration. Member fee for the exam is $275, Non-Member is $425.

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- An “Under the Sea Gala” will end the day on Monday, September 29. This will be a one of a kind event at the world famous Mystic Aquarium.

- The Flying Eye Hospital is offering life saving eye care and surgery to underdeveloped countries around the world. The not for profit currently operates a DC-10 and has taken on the design, development and construction of a MD-10 Cargo Aircraft as donated by FedEx Corporation; the aircraft is designed not only as a mobile surgical hospital but also as a teaching facility. This presentation will include the planning and engineering of the piped medical gas hospital modules, construction and implementation of the systems and construction techniques and the build out and maintenance/ service it will need around the world.

- Are Hospital Observation Units a “Must Do” in Today’s Acute Care Environment? By Ed Lydon, SASHE, CHFM, MSHCM, Support Services, Beverly Hospital

- Increasing demands for healthcare from an aging population, a rise in the number of complex chronic illness cases, and the lack of access to primary care providers are all placing a greater demand on hospital emergency services. As a result of this demand, CMS is influencing a shift in how patients are cared for: inpatient vs. outpatient observation. This shift has significant impact on hospital reimbursement for services and also on the utilization of resources, beds, and physical environment within the hospital. This presentation will discuss the many interrelated elements that must be considered for this change.

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- Dedicated four hour time slot to attend the extensive vendor display areas. Visit with vendors with products and services of interest to NEHES members.
- Learn from national and regional experts in your profession.
- NEHES members participate in the governing of the society by attending its Annual Business Meeting.
Playing the course while still permitting players to experience the challenge of play will be a Scramble that allows beginning at 11:30 AM. The format for registration and lunch challenging, North Course with played on the spectacular and golf courses. The tournament will be recognized as one of Connecticut’s top Club in North Stonington which is September 28 at the Lake of Isles Golf NEHES Golf Tournament Pre-Event Fun NEHES Golf Tournament, Sunday September 28 at the Lake of Isles Golf Club in North Stonington which is recognized as one of Connecticut’s top golf courses. The tournament will be played on the spectacular and challenging, North Course with registration and lunch beginning at 11:30 AM. The format for play will be a Scramble that allows players to experience the challenge of playing the course while still permitting play to move along quickly.

Saltwater Sport Fishing, Sunday September 28. Mataura Sport fishing Charters, in Noank, CT, has been engaged for an inshore fishing expedition in the waters of Long Island, Block Island, and Fishers Island Sounds. The excursion begins on the dock at 8:15 a.m. The most prevalent game fish in these waters are the Striped Bass, Bluefish, Fluke (Summer Flounder), and Bonito. Inshore fishing can be great for both the experienced and novice anglers alike, for it provides the most consistent action experienced and novice anglers alike, for it provides the most consistent action while still having the possibility of landing trophy fish.

Cost per individual is $220.00 and includes continental breakfast, boxed lunch and soft drinks.

The fee for each individual player is $125.00 which includes a grilled lunch and soft drinks.

Why Should You Attend
- Here’s a reasonably priced program for training and education you need to do your job.
- Valuable networking opportunities to share problems, challenges and solutions with peers in the industry.
- Anticipate changes and revisions to existing codes and standards. Know how to respond to these changes.
- Evaluate the latest products and services at the vendor show. Past attendees have made inroads with vendors and suppliers that resulted in top notch solutions with increased cost savings.

Who Should Attend?
We find that all individuals working in the healthcare facility management profession can benefit from a NEHES Conference. Attendees include:
- Facility Managers and Engineers
- Plant Operations Managers
- Vice Presidents of Support Services
- Planning, Design and Construction Professionals
- Healthcare Safety and Security Officers and Managers
- Maintenance Managers
- Healthcare Contractors
- Hospital Security and Emergency Management Professionals

Conference At A Glance
Sunday, September 28
8:00 AM CHFM Review Course
8:15 AM Saltwater Sport fishing
11:30 AM Golf Outing
5:00 PM Registration Opens
6:30 PM Cocktail Reception—Dinner on Own

Monday, September 29
6:30-8:00 AM NEHES Board Breakfast
7:00-8:00 AM General Breakfast
8:00-9:30 AM Keynote—Driving Results Through Culture
9:30-9:45 AM Awards Presentation
9:45-10:00 AM Break
10:00-11:30 AM #1 Development of the New Flying Eye Hospital
11:30 AM-3:15 PM Vendor Show and Lunch
3:15-4:45 PM #2 Are Hospital Observation Units a “Must Do” in Today’s Acute Care Environment?
6:30-10:30 PM Under the Sea Gala

Tuesday, September 30
6:30-8:00 AM Past Presidents Breakfast
6:30-8:00 AM General Breakfast
8:00-9:30 AM #3A ASHE List Serv Most Asked Questions
8:00-9:30 AM #3B Case Study: Continuous Commissioning and Predictive Monitoring
9:30-10:00 AM Break
10:00-11:30 AM #4A Energy Procurement
10:00-11:30 AM #4B Building Resiliency
11:30 AM-12:30 PM Lunch
12:30-2:00 PM #5A Case Study: Integrated Project Delivery
12:30-2:00 PM #5B How to apply a Raci Matrix:A LEAN workshop
2:00-2:15 PM Break
2:15-3:45 PM #6A HCAHPS: A Valuable Opportunity for the FM Team
2:15-3:45 PM #6B Assessing the Ambulatory Network
4:00-5:00 PM NEHES Annual Meeting
5:00-6:00 PM Cocktail Reception
7:00-9:00 PM Dinner on Own

Wednesday, October 1
7:00-7:45 AM Continental Breakfast
8:00-9:30 AM So Good They Can’t Ignore You
9:30-9:45 AM Break
9:45-11:15 AM ASHE NFPA 101 Update
1:00 PM CHFM Pencil and Paper Exam Check-In

Mystic Marriott
Located in Groton, the Mystic Marriott is the hub for travel in the region. Enjoy many nearby attractions and restaurants. Indulge in the on site spa and enjoy our indoor swimming pool, whirlpool and fitness center.

Mystic Marriott Hotel and Spa
625 North Rd. (Rte 117)
Groton, CT 06340
860.446.2600

Resources and Info about Mystic:
Mystic Country >>> mystic.org
Mystic Seaport >>> mysticseaport.org
Things To Do With Kids In Mystic >>>
President’s Message—Ed Lydon

Ed Lydon, SASHE, CHFM, Director of Support Services
2014 NEHES President

I hope everyone is having a great summer! Your NEHES team has been hard at work preparing for the fall conference, the development of a charter for a finance committee, and the continued enhancements of the web page, marketing, and the daily business of the organization.

I want to thank Ron Vachon and his committee for all the exceptional work that has gone into the new NEHES Web page. Please take time to explore the web page. Nehes.org.

This year’s fall conference in Mystic, Connecticut, is really shaping up to be a conference you will not want to miss. Be sure to register today for this very special event. Take advantage of educational opportunities and networking with peers.

The executive team attended the 51st ASHE Annual Conference and Chapter Leadership program in Chicago. The program theme was “Survival of the Fittest,” and session’s explored new ways that facility professionals can return value to their organizations, stay ahead of changes, and become more efficient.

One of the highlighted initiatives promoted at the conference is the ASHE official launch of Energy to Care, a recently expanded efficiency program that includes energy benchmarking tools and awards for health care facilities. Cutting energy consumption helps reduce operational costs, freeing hospital resources for patient care.

“Cost reduction is a major focus for health care facility professionals,” said ASHE Senior Executive Director Dale Woodin, CHFM, FASHE. “Energy to Care provides our members with the tools they need to reduce their energy costs so they can be redirected to support excellent patient care.”

President-Elect’s Message—Paul Cantrell

Paul Cantrell, CE, CPE, CHFM
Director of Facility Operations
2014 NEHES President–Elected

We had another great Twin State event this year. Thanks to Jona Roberts and all of his efforts for this summer time learning opportunity. We have been very fortunate over the years to have someone as dedicated as Jona to make this event happen. Thank you!

I was asked a couple of weeks before the Twin State Seminar to help in making a presentation for this event. I wondered if I had enough information to share and would it be worth listening to?

I soon realized that each one of us has a story to tell. It could be a project, changes in how you manage your work with fewer FTE’s, how to cope with reductions in your budget or what do you do with less capital dollars. It’s amazing what we have all had to work through over the past few years.

Truly, each of us has a story to tell. There is so much to be proud of that you and your staff have accomplished. It's time to step up and begin to share some of your accomplishments with others. You'd be surprised to find out just how many other people have struggled with the same issues that you have.

At first I was nervous about giving a presentation. I didn't know what I should say or how I should say it. Then, I realized that I simply had to tell my story in a coherent way. Once I started to think of it in that manner, it began to flow. I knew the project; I lived it with my team. I asked the team what they thought should be the key points in the presentation and their feedback was helpful.

Then I began to tell the story in a style that was more like me. I always like to interject a little humor to break up the boredom.

Each of us perform projects in our roles as healthcare engineers. Think of all you’ve been through, what you’ve learned, and how you’ve educated yourself to be competent project managers and problem solvers. You have on the job training that can be shared!

All NEHES members are ready to listen and want to hear and find out what others are doing and how they are coping. NEHES events are the perfect place for any engineer to go ahead and step up to the microphone and share some of their accomplishments.

I didn’t do my presentation for acknowledgment. I did it to share my story with my fellow engineers. Hearing about some success stories also helps make you feel more secure in your own decision making.

To help with the nervousness for the presentation, it dawned on me that no one else is going to know what my plan is for delivering the message. No one is going to know if I make a mistake, if I present things out of order, or if I say something before I planned. I had practiced a number of times in my delivery. I tweaked it a few times and was well prepared on the day of the presentation. The more you prepare, the more confidence you will have in your delivery.

Was I still nervous when presenting? Yes, but a lot less than I thought I would be.

You should consider sharing your story. Think about it. We’d love to hear it. And besides, you have so much to tell!
NEHES members take a moment to network during a break from a series of presentations. The Twin State Seminar is free to Active NEHES members.

Discussions between presentations can result in shared problems, challenges and solutions.

NEHES member, Jona Roberts serves as host to the Twin State Seminar on the 225 acre complex at Dartmouth-Hitchcock Medical Center.

When it comes to codes and standards, Dave Dagenais leads a lively discussion on the subject.

(At left) Dan Frasier from Cornerstone Commissioning detailed the steps necessary for a successful project turnover. (Below) Gene Cable provided an extensive overview on how to prevent false alarms. Click on photo to see a video clip of Gene’s talk.

(At left) Gary Miller, of UNITIL Corp, compares notes with NEHES President-Elect, Paul Cantrell. Both were presenters in a session on performance contracting.

NEHES members give their full attention to a series of presentations at the Twin State Seminar held in July this year. Sharing info and learning is intense.

The Twin State Seminar had a packed house for the learning sessions at the one day event. Attendees were awarded 6.5 contact hours or 0.65 CEUs for their participation.
Education Resources Online

Energy University, a program from ASHE’s University Program Partner, Schneider Electric, offers a series of e-learning courses available to ASHE members at no cost. The courses are helping facility professionals learn new ways to create energy efficiency health care facilities, which is an especially important topic as hospitals search for ways to reduce operational costs.

ASHE members have reached a milestone—taking more than 1,000 online classes through Energy University in just 14 months since the program was launched.

To take an Energy University course for free, visit ASHE’s Energy University website.

Go to the NEHES website for presentations from the 2014 Twin State Seminar.

Thanks to all the presenters who shared their expertise.

Healthier Hospital Initiative (HHI) presented their program to support hospitals in energy efficiency improvements and renewable energy investments. nehes.org/presentation/health-hospital-initiative-hhi/ For more info: healthierhospitals.org

Eugene A. Cable, P.E.
Life Safety Consultants
Preventing False Alarms—nehes.org/presentation/prevent-fire-alarms/

Steven Cutter, MBA, HFDP, CHFM, SASHE, Director of Engineering Services Dartmouth-Hitchcock Medical Center and Dave Keelty, Director of Facilities Planning and Development, Fletcher Allen Healthcare on ASHE’s Energy to Care Campaign. nehes.org/presentation/energy-to-care/

Dave Dagenais, CHFM, FASHE, CHSP, Director Plant Operations and Security at Wentworth-Douglass Hospital discusses the impact of CMS adopting the 2012 editions of NFPA 99 and 101. nehes.org/presentation/impact-of-cms-adopter-of-2012-nfpa-101-99/


OSHA offers a wide selection of training courses and educational programs to help broaden worker and employer knowledge on the recognition, avoidance, and prevention of safety and health hazards in their workplaces. OSHA also offers training and educational materials that help businesses train their workers and comply with the Occupational Safety and Health Act.

You can view all NEHES Educational Presentations dating back to the Spring Seminar of 2010 on the NEHES website. You can search for articles in categories including Administration, Code Compliance, Finance Management, Maintenance & Operations and Planning, Design & Construction. All presentations are presented in PowerPoint slides or in a pdf document. Go to nehes.org/presentations/
## New and Renewing NEHES Members

**Connecticut**
- Charles Croce  
  Project Manager / Associate  
  Tighe & Bond Inc.  
  Middletown, CT
- Andrew Hall  
  Sales Manager  
  Huntair, Inc.  
  Sandy Hook, CT

**Maine**
- Russell Lee  
  Project Executive  
  Creative Office Pavilion  
  Portland, ME
- Todd Chase  
  President  
  Viridis Engineering  
  Gorham, ME
- Michael Cyr  
  Director of Facilities / Safety Officer  
  Calais Regional Hospital  
  Calais, ME
- Marc M. Fournier, FACHE  
  Vice President, Support Services  
  Southern Maine Medical Center  
  Biddeford, ME
- Michael Pinkham, CHFM  
  Director, Facilities Management  
  Mid Coast Hospital  
  Brunswick, ME

**Massachusetts**
- Alex Alexandrovich  
  President  
  Baker Engineering & Controls, Inc  
  Needham, MA
- Paul Harris  
  Northeast and Upstate NY Territory Manager  
  Primex Wireless, Inc.  
  Groton, MA
- Robert Heinlein, Jr  
  Senior Application Engineer  
  Schneider Electric  
  Andover, MA
- Carolyn Hern  
  Director of Business Development  
  Diversified Project Management  
  Newton, MA
- Dan Quinn  
  Vice President  
  DGI Technologies  
  North Billerica, MA
- Hugh Scott  
  Region Manager  
  IGS Generation  
  North Billerica, MA

**New Hampshire**
- Michael Parma, Project Manager  
  JSA Inc.  
  Portsmouth, NH
- Brock Gibbons  
  Plumbing Supervisor  
  Dartmouth Hitchcock Medical Center  
  Lebanon, NH
- Tom Kingston  
  Plant Operations Manager  
  Wentworth-Douglass Hospital  
  Dover, NH

**Rhode Island**
- Frank O'Connor  
  Director of Facilities  
  Roger Williams Medical Center  
  Providence, RI

**Vermont**
- Evelyn Norris  
  Project Executive  
  PC Construction Company  
  South Burlington, VT

## NEHES Earns Platinum Level of ASHE Affiliation—8 Years in a Row!

**NEHES Scores Platinum!**

NEHES has earned the Platinum Level of Affiliation, the highest designation that can be attained by an ASHE Chapter. The award was officially presented at the recent ASHE Annual Conference this summer in Chicago, IL.

“I was very fortunate and proud to receive the ASHE Platinum Chapter Award” on behalf of NEHES which continues to highlight the accomplishments of our membership, “said Ed Lydon, SASHE, CHFM, President of NEHES. “The Platinum-level award is given to the chapter that has achieved the highest level of affiliation with ASHE. Platinum-level chapters demonstrate commitment to their partnership with ASHE through their support of ASHE’s long-range plans and objectives.”
AHA SmartMarket™ - A Pipeline in the Health Care Marketplace

The American Hospital Association (AHA) is proud to announce AHA SmartMarket™. Developed with input from health care leaders and vendors, AHA SmartMarket™ is an interactive marketplace where healthcare professionals can connect directly with vendors who provide products and services.

It is a place where health care professionals like you can discuss your challenges and experiences with trusted peers and experts, so you can make decisions with confidence.

The site also allows you to engage in discussions with thought leaders from all over the country, helping you expand your reach throughout the healthcare facility industry.

For ASHE members, this site offers you the following opportunities:

- Pose questions about problems you've encountered and immediately get advice from fellow colleagues and experts in the field.
- Start discussions on subjects of interest to you and your profession. Open dialogues with other ASHE members.
- Store the contact information of the vendors that interest you.
- Send messages in a self contained email section of the website.
- In the Request for Information (RFI) Corner, you can track the progress on requests for information that you've sent out on the website.
- Explore the FAQ section to find answers to the most often asked questions.

Visit smartmarket.aha.org/

Focus On ASHE

Want to get involved with ASHE? Volunteer Now

ASHE is now accepting applications from people who want to share their time and talent with ASHE. ASHE relies on volunteers to serve on task forces and participate in special projects throughout the year.

The volunteer database is used to identify individuals who are willing to work with ASHE on special projects (e.g., beta-testing ASHE programs; identifying speakers; and participating in focus groups and committees) and task forces. These are just a few of the opportunities that may be available to you as an ASHE volunteer. Remember, you do not have to be an ASHE member to have your name on the list.

Members who recently submitted volunteer applications will not need to reapply using the new system, but those who submitted an application prior to Dec. 31, 2013, will need to take a few minutes to fill out the new online form. Fill out the volunteer questionnaire so your name can be added to the growing pool of content experts and contributors willing to share their time and talents. Help us shape the future of our society while serving your profession.

Now is the time to get involved and be active as we work together to optimize the health care physical environment.

Cast Your Ballot In The 2014 ASHE Elections

Online voting is now available for the 2014 ASHE Elections. Cast your vote today for the following important ASHE positions: 2016 president, associate member of the Board of Directors, and select regional leaders. Elections close at 11:59 PM Central Time on Sept. 1.

To vote online, go to https://ballot.associationelections.com/ashe_election_portal.html. Enter your ASHE 10-digit membership number (if applicable, include all leading zeros). Your password is your last name.

Your membership number is located at the top of the e-mail you received about elections, and can also be found at the top right of your weekly ASHE Insider electronic newsletter. (If you cannot locate your member number, please call ASHE at 312-422-3800.)

Review each candidate’s profile. Select your candidate, and then click "Submit your vote" to proceed.

In addition, members in Regions 1, 2, 4, 5, and 9 will vote for their Regional Director.

Once you have submitted a page, your vote is cast and no changes will be allowed.

Again, elections close at 11:59 PM Central Time on September 1. Click to view candidates.
This year’s theme for National Healthcare Facilities and Engineering Week is “Enhancing the Healthcare Environment.” The 2015 dates are October 19 to 25.

Take advantage of the time to recognize your profession in meaningful ways. Here are some proven ways to make the celebration special.

- Check out the ASHE website to take advantage of their promotional materials. Each year, ASHE offers sample press releases, recognition ideas, gift ideas for recognition, and information about the facilities profession. ASHE will be a key resource in suggesting ways that you can promote National Healthcare Facilities and Engineering Week in your facility and in the local community.

- Give a behind the scenes tour in areas that are not often seen by most staff people. They will be interested to know how you keep their facility running smoothly.

- Include information in your hospital publication about the week long celebration. Do you have a regular newsletter? Talk to the staff in early September about including information in October. Do you have an in house Intranet? If so, include information there as well as on your hospital website.

- Hold an open house in your areas. Invite staff for a tour of your department. Have members of your team create an album of pictures that show the work that they are involved in on a daily basis. Food and beverages are always guaranteed to bring guests to an open house.

- Place posters throughout your facility that highlight the week. Full color posters and specialty products are available from ASHE suppliers.

- Ask your CEO to attend a staff meeting with your team to thank them for their fine work in facilities and engineering. A “pat on the back” can reap great rewards.

- Work with your state chapters to have National Health Care Facilities & Engineering Week proclaimed by the Governor and Legislature. On the local level, have a proclamation named by your town or city.

You can even consider a banner.

State Chapter News—Updates from Throughout the States

New Hampshire Society of Healthcare Engineers

Upcoming Programs:
- November 21: TBD
- December: Annual Planning Meeting

NH by the Numbers:
- 47 Active Members
- 19 Supporting Members
- 6 New Members
- 5 Lifetime Members
Total of 77 State Chapter members.

Massachusetts Healthcare Facility Professionals Society, Inc.

June Meeting had a presentation on “Emergency and Urgent Communication Solutions” by Evan McNamara, Senior Manager / Everbridge Communications

Mass Numbers:
- 43 Active Members
- 38 Supporting Members
Total of 81 State Chapter members

Rhode Island Healthcare Engineers Society

- The Rhode Island chapter has just organized and created a new board in April with newly elected officers.
- The RIHES will be hosting the 2015 NEHES Fall Conference. A team has been assembled to start planning for next year’s event.
- At the June NEHES Board meeting, $2500 was designated for the RIHES Chapter as seed money to establish the chapter once again.

Maine Healthcare Engineers Society

- The Maine Chapter concluded its 2013-2014 meeting schedule with a final meeting on a boat that cruised the Portland, Maine harbor.
- Officers for the upcoming year include, Chris Henderson as President and Brian Campbell as the incoming Vice President. Jeff Thomas will continue a second term as Treasurer. Dan Bickford will be Chapter Representative to NEHES.

State Chapter Officers

Connecticut President
Paul Roth, CHFM
Lawrence and Memorial Hospital — New London
proth@lmhosp.org

Maine President
Chris Henderson, MBA, CHFM
Facilities Operation Manager
Acadia Hospital
chenderson@emhs.org

Massachusetts President
Larry Williams, Director of Facility Services, Nashoba Valley Medical Center—Ayer
Larry.williams@steward.org

New Hampshire President
Tim Bishop, Director of Facilities, Riverwoods—Exeter
tbishop@riverwoodsrc.org

Rhode Island President
Charles Brown, Director of Facility Maintenance at St. Elizabeth Home—East Greenwich
cbrown@stelizabethcommunity.org

Vermont President
Mark Blanchard, CHFM,
Engineering Director, Springfield Medical Care Systems—Springfield
mblanchard@springfieldhospital.org
The New England Healthcare Engineers’ Society (NEHES), an American Society for Healthcare Engineering (ASHE) Platinum Chapter since 2008, has long been an advocate for healthcare facility professionals and has provided opportunities for their education and career development since the society was formed.

In the NEHES archives, there was already a fall conference taking place in 1960, with the theme of “Better Engineering Service to the Hospital”. It was an evening program followed by a full day of educational content. The cost was $10 for registration and food and $7.00 for a single or $10.00 for a double per night for the hotel. The event was being limited to 70 “men”.

During the past two years alone, NEHES has offered educational programs that have granted 9,975 continuing education credits (CEUs) or 99.75 contact hours by the American Hospital Association. In addition to the educational content offered throughout NEHES, there are additional programs to support the educational and career development needs of our members. Many of the NEHES programs are outlined below along with a brief look at the society.

NEHES is located within ASHE’s Region 1, and encompasses the states of Connecticut, Massachusetts, Maine, New Hampshire, Rhode Island, and Vermont. When NEHES was first organized in 1958, education and career development were the foundation on which the Society built. The original stated purpose of the founding members was to:

- Promote better patient care through better design, maintenance and operation of physical facilities
- To promote the professional development of hospital engineers
- To organize and promote an educational program for hospital engineers
- While these original purpose statements have been refined over the years, the goals have remained the same. Today’s NEHES continues to provide education and career development to the society’s active members through a variety of educational programs that brings value to our membership and their organizations.

The educational year starts in January at NEHES with continuous educational offerings that are hosted by the states that make up the chapter. These offerings usually consist of one or two hour monthly presentations and continue throughout the year. These smaller sessions account for the majority of the CEUs NEHES earns annually.

The first of three larger events, typically in March, is the Spring Seminar with Technical Exhibits and Trade Show. This one day event is centrally located each year and hosted by one of the state chapters on a rotating basis. The 2014 Spring Seminar, held this year in Leominster, MA, offered a broad selection of educational topics including a session on the 2014 FGI Guidelines with ASHE’s Director of Codes and Standards, Chad Beebe, and a free copy of the guidelines book for all attending.

The second larger event during the year is the Twin State Seminar, an event that is hosted by New Hampshire and Vermont. This event has been held for the past six years and is gaining in popularity with over one hundred attendees the past two years. The trademark of this event is that there is no trade show and the cost is free to NEHES’ Active members.

Next up is the Fall Conference where the location changes by state on the six year rotating basis. The first day of the conference is an event day that might include golfing, deep sea fishing, tours or zip lining. This is followed by two and a half days of multi-track educational programs and a one day technical exhibit and trade show. Also included during the Fall Conference is the NEHES awards ceremony to recognize and honor those that have contributed to the Society or the profession in the past year.

The 2014 Fall Conference will be held September 28th through October 1st in Groton, Connecticut, at the Mystic Marriott. The keynote speaker and the educational content has been finalized and NEHES will be offering ASHE’s Certified Healthcare Facility Manager Exam Review Course on September 28th and the CHFM Exam on October 1. For full details on the conference>>>

Other NEHES educational and career development opportunities include:

- **NEHES Internship Program**—This offers our active members the opportunity to introduce a student intern to facets of healthcare facilities management. This program has resulted in two interns entering fulltime positions at the sponsoring facility following their internship.

- **NEHES Scholarship**—This program offers up to $2000 per year to an Active NEHES member who is pursuing further educational studies. There is an application process to secure these funds and many members have reaped the benefits of a cash scholarship—not a loan—toward the cost of their education.

- We have partnered with ASHE to provide six facilities with access to the e-learning program Managing Life Safety.

- Sponsoring members’ attendance at the NFPA Annual Meeting and with funds to participate on the Facilities Guideline Institute review committee.

- Allotments have been made for members to attend the ASHE Annual Conference and the ASHE Chapter Leadership Program.

- NEHES has signed a Continuing Professional Studies Business Partner Agreement with Champlain College in Burlington, VT that will offer substantial tuition discounts to NEHES members.

We are exploring options that would lead to a NEHES Certificate of Study for a series of leadership seminars offered to membership. Details are still to be worked out and will be presented at the Fall Conference.

In summary, NEHES is making it easier and more affordable for members to expand their education and to enhance their careers. Don’t miss the boat on these opportunities. Jump aboard today.
Tips for Entering a Performance Contract

With budgets getting hammered, energy savings performance contracting is being considered by more and more government agencies and is even creeping into the private sector.

The pitch is enticing. You enter into an agreement with a private energy service company (ESCO). The ESCO will identify and evaluate energy saving opportunities and then recommend a package of improvements to be paid for through the savings. The ESCO will guarantee that savings meet or exceed annual payments to cover all project costs—usually over a contract term of seven to ten years. If savings don’t materialize, the ESCO pays the difference, not you. To ensure savings, the ESCO offers staff training and long-term maintenance services.

Sounds great? Use someone else’s money for your benefit. No risk. All costs covered. What could go wrong? The truth is, “a lot.”

A purchaser of performance contracting needs to be informed. They need to understand the technical, financial and legal aspects, relevant legislation, policies, and financial strategies that ESCO’s use to maximize profit. Armed with the right knowledge, the purchaser can make informed decisions that “even the playing field” and maximize value for the buyer.

Public institutions need to know how and what they can legally buy. The ESCO should not be the source of your legal opinion. We recently audited a public institution that purchased millions of dollars of services from an ESCO without following state statutes…in the ESCO’s home state!

You need to know what the purchase is worth. ESCO’s deserve a profit for financing and guaranteeing the performance of a solution, but the profit needs to be reasonable. Otherwise, traditional construction methods and financing would be more appropriate. We recently audited a performance contract where the ESCO’s profit was more than half of the budget. We’ve seen plenty of contracts where the purchase price is 150%, 200%, or more of the market value with little or no financing or performance guarantees to justify the premium.

You need to understand the savings projections. There are exceptions, but in most cases, the guaranteed savings will not cover your costs. That’s right. The realized savings will likely not cover the costs and there will need to be funds available to cover the shortfall. How does this happen? The single largest savings in most performance contracts is “avoided capital savings.” If you buy from the ESCO, they guarantee that you won’t have to buy it from someone else. If you sign up for a $10 million performance contract, most ESCO’s guarantee capital cost avoidance of $10 million. This approach significantly reduces the amount of energy and maintenance savings needed from your operations budget to justify a project but requires the buyer to find money in the operating budget to make up the difference.

You do need to know that time is on your side. ESCO’s do not want competition. They want to spend months or even years customizing solutions for you and then they want you to solicit proposals from others in 10 business days to effectively eliminate competition. Don’t do it. Competition is your friend and, therefore, time is your friend. It may feel like spending all that time with multiple ESCO’s or paying for an initial conceptual design is a waste of money, but it’s not. Entering a multi-million dollar contract with an ESCO who knows there is no competition is guaranteed to waste money.

You need to understand how energy will be saved and accounted. Some savings seem simple, for example, lighting savings. Lights consume a constant amount of energy. Multiply the hourly savings by the hours of usage and you have the energy savings. What about the impact on the heating and cooling loads? What if the building usage changes? Is the ESCO using an average cost per unit of energy or modeling the utility rate tariff? When should you rely on a model? Who knows if the model is accurate? When should you measure? How long should you monitor the cost savings? How much should monitoring cost? Do you have to let the ESCO provide all maintenance services? It’s best to understand how savings will be calculated before entering into a contract.

You need to have terms and conditions that protect the purchaser. While it may be tempting and easy to use the ESCO’s contract, don’t. It is built to protect the ESCO, not you. We’ve seen one-sided terms on document rights, dispute resolution and my all-time favorite; payment in advance.

You need to know when to seek help in an ESCO contract. Some states provide assistance to government agencies, but you may need an independent expert. You need someone on your team who understands performance contracting and how to protect the customer.

If you are evaluating a performance contract, get the expertise to help you. Nobody expects you to match the wits and skills with multi-billion dollar companies. We’ve seen terrible results that can result from blindly moving forward. These include overpayments, unnecessary internal costs, uncomfortable recovery procedures, and even personal investigations.

Think very carefully and do not let the vendor guide you through their purchasing process. You have the power and it’s called your money. Remember, that you can define expectations and control the process to produce a mutually beneficial contract that has financial advantages and protections for your organization.
The Facts About Healthcare Organizations:

- They are some of the most energy-intensive facilities in the United States.
- They spend over $6.5 billion on energy each year.
- Large hospitals consume 5.5% of delivered energy used by the commercial sector.
- Energy-saving potential of 10-32%.

Energy to Care is a free energy benchmarking and awards program for healthcare facility management professionals who want to provide value back to their organizations through energy savings.

- Includes a dashboard with basic analytics, various levels of regional competition, and nationally-recognized awards.
- Draws and uses utility data from Portfolio Manager.
- The Energy Efficiency Commitment (E2C) program at the American Hospital Association has been renamed as Energy to Care and expands upon previous efforts to improve energy efficiency and support patient care.

At the Twin State Seminar in July, ASHE President Elect, Dave Dagenais said, “If you haven’t heard about “Energy to Care” become familiar with it. I can assure you that your CEO knows it.”

Portfolio Manager

- Measures and tracks energy & water consumption & greenhouse gas emissions.
- National commercial building standard for benchmarking the performance of a building or a whole portfolio of buildings, all in a secure online portal.

Expands on capabilities of Portfolio Manager to visualize and analyze energy use data
- Meter and device integration
- Interval data management tools
- Trend analysis and comparisons
- Competitions

Uses Energy Utilization Index (EUI) to measure building performance “apples to apples”
- Energy consumed per square foot per year.
- Total energy/total gross floor area= # kBtu
- Pulls information from Energy Star’s Portfolio Manager platform

For a more detailed info about Energy to Care
Ebola Virus Disease

Could Your Hospital Handle A Patient?

Safe Management of Patients with Ebola Virus Disease (EVD) in U.S. Hospitals - Centers for Disease Control and Prevention

(The recent EVD outbreak in West Africa has increased the possibility of patients traveling from the impacted countries to the United States. Additionally, two American citizens with EVD were medically evacuated to the United States to receive care at Emory University Hospital in Atlanta. The following are answers to frequently asked questions about the safety of this medical evacuation and the necessary infection control procedures to protect patients and healthcare providers in U.S. hospitals.)

Are U.S. hospitals ready to care for patients with Ebola virus disease (EVD)?

Yes – any U.S. hospital that is following CDC’s infection control recommendations and can isolate a patient in a private room is capable of safely managing a patient with EVD.

CDC recommends that U.S. hospitals isolate the patient in a private room and implement standard, contact, and droplet precautions.

What should U.S. hospitals do if they have a patient with suspect EVD?

Early recognition is critical for infection control. Healthcare providers should be alert for and evaluate any patients suspected of having EVD who have (see EVD case definition):

- A fever of greater than 38.6 degrees Celsius or 101.5 degrees Fahrenheit, and additional symptoms such as severe headache, muscle pain, vomiting, diarrhea, abdominal pain, or unexplained hemorrhage; and
- Risk factors within the past 3 weeks before the onset of symptoms, such as contact with blood or other body fluids of a patient known to have or suspected to have EVD; residence in—or travel to—an area where EVD transmission is active; or direct handling of bats, rodents, or primates from disease-endemic areas. Malaria diagnostics should also be a part of initial testing because it is the most common cause of febrile illness in persons with a travel history to the affected countries.

When should patients with suspected EVD in U.S. hospitals be tested?

CDC recommends testing for all persons with onset of fever within 21 days of having a high-risk exposure such as:

- percutaneous or mucous membrane exposure or direct skin contact with body fluids of a person with a confirmed or suspected case of EVD without appropriate personal protective equipment (PPE),
- laboratory processing of body fluids of suspected or confirmed EVD cases without appropriate PPE or standard biosafety precautions, or participation in funeral rites or other direct exposure to human remains in the geographic area where the outbreak is occurring without appropriate PPE.

For persons with a high-risk exposure but without a fever, testing is recommended only if there are other compatible clinical symptoms present and blood work findings are abnormal.

If a patient in a U.S. hospital is identified to have suspected or confirmed EVD, what infection control precautions should be put into place?

If a patient in a U.S. hospital is suspected or known to have Ebola virus disease, healthcare teams should follow standard, contact, and droplet precautions, including the following recommendations:

- Isolate the patient: Patients should be isolated in a single patient room (containing a private bathroom) with the door closed.
- Wear appropriate PPE: Healthcare providers entering the patients room should wear: gloves, gown (fluid resistant or impermeable), eye protection (goggles or face shield), and a facemask. Additional protective equipment might be required in certain situations (e.g., copious amounts of blood, other body fluids, vomit, or feces present in the environment), including but not limited to double gloving, disposable shoe covers, and leg coverings.
- Restrict visitors: Avoid entry of visitors into the patient's room. Exceptions may be considered on a case by case basis for those who are essential for the patient's wellbeing. A logbook should be kept to document all persons entering the patient's room. See CDC's infection control guidance on procedures for monitoring, managing, and training of visitors.

- Avoid aerosol-generating procedures: Avoid aerosol-generating procedures. If performing these procedures, PPE should include respiratory protection (N95 or higher filtering facepiece respirator) and the procedure should be performed in an airborne infection isolation room.

- Implement environmental infection control measures: Diligent environmental cleaning and disinfection and safe handling of potentially contaminated materials is of paramount importance, as blood, sweat, vomit, feces, urine and other body secretions represent potentially infectious materials should be done following hospital protocols.

Why do responders in Africa wear so much personal protective equipment (that can include full body suits) for this Ebola outbreak when CDC says hospitals here could safely manage the care of an Ebola patient without a full body suit?

There are important differences between providing care or performing public health tasks in Africa versus in a U.S. hospital.

In field medical settings, additional PPE may be necessary to protect healthcare workers. In some places in Africa, workers may not have the ability to prepare for potential exposures. For example, in some places, care may be provided in clinics with limited resources (e.g., no running water, no climate control, no floors, inadequate medical supplies), and workers could be in those areas for several hours with a number of Ebola infected patients. Additionally, certain job responsibilities and tasks, such as attending to dead bodies, may also require different PPE than what is used when providing care for infected patients in a hospital.
Wayfinding was first described centuries ago as a system of navigation used by people who traveled land and sea by unmarked routes.

Today, wayfinding is more commonly associated with the planned design of moving people from where they are to where they need to go.

In 1960, urban planner Kevin Lynch first applied the term “way-finding” in his book Image of the City. He defined the language of space and began a conversation about how planners cue people to move through and use urban spaces.

Work by psychologists and researchers in the 1970’s and 1980’s brought scientific study into how we think about directing people through both interior and exterior spaces. Through this time while architects, designers, and urban planners were shaping the language of wayfinding, our society was changing. There was a new awareness about using design as a way of including people with disabilities.

In 1990, President George H. W. Bush signed into law the Americans with Disabilities Act (ADA). The law introduced standards requiring building owners to create accommodations for people with a wide range of disabilities including vision, hearing, mobility, behavioral, and cognitive issues. While not covered under the ADA, inclusiveness also grew to include visitors who do not read or speak English.

Today, wayfinding has evolved into its own discipline; many firms specialize in creating wayfinding solutions and architectural training programs regularly include this as part of their curriculum.

So where have we arrived after 50 years of wayfinding?

Too often, we still have visitors wandering through our facilities, hopelessly lost, consulting hastily scrawled directions on a piece of paper or peering down corridors hoping that a big green arrow will suddenly appear and point them to their destination.

Why does this happen?

Often, part of the blame is that buildings evolve over time. What was once a compact cluster of services may have sprawled into whatever space was available.

Another reason: wayfinding strategies are often added with every new addition or renovation – but may not get modified throughout your campus. You may have multiple wayfinding mashups in place rather than a unified system.

So, how can we get from here (people lost) to there (people moving confidently to their destination)?

First Step: Figure out where your biggest problems are right now.

Talk to staff members – receptionists, intake coordinators, schedulers, and security – anyone who must direct people from place to place. Make a list of your problem places that come up repeatedly from staff.

Don’t be afraid to talk to visitors – they are the ultimate test of any system. If it doesn’t work for them, it doesn’t matter how pretty or high tech it is. Never forget the objective of good wayfinding is people moving confidently where they need to go.

Second Step: Inventory your current wayfinding tools – but look at it from the visitor’s point of view.

Take off your “local knowledge glasses.” We all get used to moving through our own spaces; we know how to get to the imaging department! But maybe during that renovation last year, a sign was removed and never replaced, and suddenly, it’s not clear to a visitor that this is the correct way to get to that department.

Using the list that you assembled in Step One, start where your visitors would start and then try to find your way without using your local knowledge.

Move slowly and thoughtfully. If a visitor has to go down a long corridor, are there signs or is there cueing along the way to tell them that they are on the right path? Are maps placed throughout your facility, clearly marking things like elevators, restrooms, and major areas such as treatment suites and doctor’s offices?

Walk with a few visitors who are unfamiliar with your facility and ask their opinion about how easy or hard it is to find things – and what they would do to make it clearer.

Third Step: Evaluate your wayfinding for consistency and clarity.

As facilities evolve over time, different methods of wayfinding may have been installed. Walk around your building taking photos of each major category of wayfinding (directional, informational, maps, visual cueing, pictographs, paths, etc.). Create an oversized map of each part of your facility, indicating where things are working well – and where things need improvement.

Would adding signs that project out from the wall help visitors find elevators tucked into an alcove? Would creating signs with logical groups or color coding help clarify a busy corridor? Would moving an information desk to a more visible location make it more useful? Can you take advantage of decreasing costs of technology to add touch screen maps or information kiosks? What about tactile or audible cueing or signs? Think three-dimensionally. Would hanging a directional or sign away from a wall increase its usability?

It’s not just signage that counts. Visual cueing can mean color stripes on walls or doors, paths outlined with flooring, markers such as awnings or a kiosk. Can you create zones that have specific, consistent look and feel to tell visitors where they are?

As you’re evaluating, also take into account both your typical visitor and visitors who may have disability or language issues. Slight impaired visitors may need Braille or tactile cueing on the floor. Pictographs may help all visitors – and not just non-English readers.

Consistency will help all visitors move through your space with confidence. Unify your wayfinding so that visitors will look for information on a particular color and shape sign and find pictographs for bathrooms that show the same type of figures. Your goal is to make the experience seamless for visitors regardless of where they are on your campus.

While it may not be possible to keep everyone from getting lost in your facility, a careful evaluation of current problem areas and existing wayfinding tools can give you a starting point to work from.
Joint Commission Updates

Violence in Healthcare Settings

It is an unfortunate fact that violence occurs in health care facilities. The Joint Commission has received reports from its accredited organizations of violent criminal events including assault, rape, homicide and suicide.

Since January 2010, The Joint Commission has received reports of 16 shootings that resulted in 27 deaths. Of the 16 shootings, nine were murder/suicides, mostly mercy killings that resulted in the deaths of the patient and the shooter, who was usually the patient's spouse or significant other.

However, some cases involve an “active shooter,” an individual actively engaged in killing or attempting to kill people in a confined and populated area. Victims of an active shooter can be randomly selected, and often are health care staff.

Active shooter situations are unpredictable and evolve quickly. Typically, the immediate deployment of law enforcement is required to stop the shooting and mitigate harm. Because active shooter situations are often over within 15 minutes before law enforcement arrives, health care organizations must prepare their staff for an active shooter situation.

In order to be prepared for active shooter events, health care organizations should:

Involve local law enforcement in your plans.
- Develop a plan to assist law enforcement, if you have access control in place.
- If you don’t have access control in place, provide law enforcement with a “Go Kit” that includes access badges. (A Go Kit is for emergencies or disasters and includes items needed in case of an evacuation or survival situation.)
- Make law enforcement familiar with your building and the location of your Incident Command (IC) center. Provide them with life safety drawings (electronic and hard copy). Place a hard copy of the life safety drawings in the Go Kit.
- Find out who the law enforcement liaison officer is for your organization. It is critical that the officer knows who to contact at your organization, and how to communicate with them.

Develop a communication plan.
- Establish a primary communication method with local law enforcement, such as a police radio in dispatch.
- Establish an emergency hotline with a recorded message for employees. Make sure employees know the hotline number and the phone number of local law enforcement.
- Develop a “script” that can be used by those in the IC center to respond to calls from family members about an incident.
- Have your organization’s press/public information officer join the regional or county Public Information Officers (PIO) group to facilitate information sharing. If there is no local PIO group, establish one.
- Assess and prepare your building.
- Develop processes and procedures to “lock down” your building and prohibit walk-in traffic (including to any dedicated employee entrance) at the onset of an event.

Establish processes and procedures to ensure patient and employee safety.
- Determine how to account for employees and patients during an incident.
- Determine how to handle critical patients during an event. In the case of evacuation, you may need a police escort for these patients.
- Hospitals should take into consideration the loss of services and access to critical operations for up to 10 hours following an event. The hospital and any adjacent space becomes a crime scene.

Train and drill employees.
- Provide ongoing training for all employees, including:
  - How to report and respond to active shooter events
  - What to expect when law enforcement arrives
  - How to protect patients
  - Awareness of high-risk security sensitive areas (such as the emergency department, operating rooms, and pharmacy) and how to implement mitigation strategies
- Conduct Incident Command support training for security personnel, “house supervisors,” and other employees who need to be aware of, or involved in, IC support during an incident.
- Conduct periodic drills or “table top” exercises to prepare employees for an active shooter event. If drills are conducted, inform patients and visitors of the drill so they will not be alarmed, or hold the event in a section of the building that is no longer in use or occupied.

Plan for post-event activities.
- Conduct debriefings
- Identify and manage anxiety or fear among patients, staff and leaders. This may manifest immediately, or in the days and weeks after the incident. Use behavioral health resources, your organization’s Employee Assistance Program (EAP) or chaplaincy, as needed.


Waived testing requirements for critical access hospitals effective January 1, 2015

New waived testing requirements that address policies, staff competency, quality control and documentation of test results will be effective January 1, 2015 for critical access hospitals.

Because critical access hospitals offer many of the same services as small and rural hospitals, The Joint Commission determined that they should comply with the same standards to ensure patient safety and quality of care.

Feedback from the field review of these standards – as well as from conference calls with stakeholders – indicated that most critical access hospitals are already using established structures and processes to address these requirements. The waived testing requirements will be included in the new Waived Testing (WT) chapter in the Comprehensive Accreditation Manual for Critical Access Hospitals that will appear in the fall 2014 Edition® update as well as 2014 Update 2.

For more info, contact Laura Smith

For more information, visit www.jointcommission.org
Tips for Maintaining an Automatic Sprinkler System

Health care organizations must test and maintain various sprinkler system components to ensure optimal performance. Several elements of performance (EPs) in the Environment of Care standard EC.02.03.05 delineate which tests are required and with what frequency automatic sprinkler systems should be tested and maintained. This article provides tips for compliance. Much of this information is found in the annex of the appropriate codes. Annex material is not enforceable, but is available for informational purposes.

EP 7: Every six months, the organization tests water-storage tank high- and low-water level alarms. The completion date of the tests is documented.

During the test, staff should check that the water level switch receives a signal when the water level is raised or lowered by three inches (76.2 mm) from the required level of a pressurized tank, or 12 inches (305 mm) from the required level of a non-pressurized tank. Also, check that the tank returns to the required level at the completion of the test.

EP 8: Every month during cold weather, the organization tests water-storage tank temperature alarms. The completion date of the tests is documented.

Organizations in colder areas must verify that an alarm is triggered when the water temperature falls to 40 degrees Fahrenheit. See NFPA 22, Water Tanks for Private Fire Protection, which includes lowest one-day mean temperature information. If an authority with proper jurisdiction assesses the tank as not being exposed to freezing conditions, then alarm requirements (and therefore testing requirements) don’t apply.

EP 9: Every 12 months, the organization tests main drains at system low point or at all system risers. The completion date of the tests is documented.

Maintain detailed records of main drain tests from year to year to benchmark performance and identify anomalies. Documentation should identify the system riser, static pressure, residual pressure, time required to return pressure to normal, test date, and initials or signature of the person conducting the test. It is important to note that the main drain test is not a substitute for checking the fire protection valves. In-house staff or a competent vendor who understands the testing process and the meaning of the results should perform the main drain tests. These individuals are not required to be certified (unless required by the local or state authority having jurisdiction), and special test sheets are not necessary, but all test results must be documented, dated, and signed or initialed.

EP 10: Every quarter, the organization inspects all fire department water supply connections. The completion dates of the inspections are documented.

Fire department connections (FDCs) enable the fire department to pump supplemental water into a building sprinkler or standpipe system. Quarterly inspections should be documented and verify:
- FDCs are visible, accessible, and not blocked by fences, vegetation, snow or other obstacles
- Couplings and swivels are not damaged and rotate smoothly
- All gaskets are in place and in good condition
- Identification signs are in place
- Check valve is installed and not leaking
- Automatic drain valve is in place at the check valve and operating properly (except in areas not prone to freezing)
- Fire department connection clapper or flapper is in place and operating properly over its full range
- All plugs or caps are in place and undamaged

If an FDC cap is missing, the connection can get clogged and no longer function. If this occurs, the organization may be required to retest its FDCs and check valves. Vandalism and theft – especially in urban areas – have led to the use of security chains, covers or locking caps for FDCs. If these devices are used, make sure the equipment is installed by or with the approval of the local authority having jurisdiction. For more info, (Contact: George Mills mills@jointcommission.org)

Before you shake hands with your surveyor, grab that “ready to go” list

In certain circles, a "ready to go" list may not seem as important as a passport, a car title or your current cable contract. However, if your organization is preparing for survey, do not underestimate its value!

A ready to go list (a.k.a. survey document list in the Ambulatory Care Survey Activity Guide) outlines the documents that should be available when the surveyor arrives at the start of your survey. According to Ambulatory surveyor Lynette Munde, M.D., making these documents accessible really improves the efficiency of the survey process. "This information allows us to focus on the areas that are most critical and of highest risk to the organization," she says.

Often, precious time is lost when staff has to scramble to pull these documents together after the surveyor has arrived.

Tip #1 Review the documents in your ready to go list regularly to make sure they are up-to-date.

Tip #2 Store the folder or binder of documents in a central location, and inform staff where it is.
In health care, this is often on the floors, in the operating rooms, doctor’s offices and labs. Sometimes, it brings us to the patient’s home. We are tempted to overlook this critical step in improvement, especially if we are rushed, think that we already know the answer, have preconceived ideas of the primary issues, or get consumed in large volumes of data.

By going to the unit, observing and talking with care providers involved in the actual process at the actual place, one can obtain actual data, which is critical for improvement. The best improvement ideas often come from going to the gemba. Importantly, it also helps to build trust between management and front-line care providers -- a critical element in a safety culture.

The way to “go to gemba” was perhaps best expressed by Toyota Chairman Fujio Cho when he said, “Go see, ask why, show respect.”

When taking a gemba walk, see if processes are designed to enable people to work toward achieving organizational purpose. Is leadership working to align people and process to achieve purpose? Be prepared to accept the differences in the process -- between what is and what it should be, much less what the organization wants it to be. You might find that the policy that you sweated over is found to be fictional because workarounds have been developed and training was inadequate.

Although it is the second element of Cho’s mantra, “why” is not actually the first question we want to ask at the gemba. First ask “what,” then “why,” then “what if” ... and, lastly, “why not.”

Finally, show respect. When visiting any gemba, through showing respect for the workers we also show respect for patients and the organization. Look for evidence of disconnects between stated objectives, perhaps those expressed in the organization’s vision statements, versus what we actually observed at the gemba. Also look for signs of disrespect, such as overburdened nurses. Certainly as health care leaders, we respect people because we believe it’s the right thing to do and simply because it makes good business sense.

Respect means doing what we can to make things better for the people delivering care, which starts by not making things worse. The first rule of gemba walking is “Do no harm!”

So, next time you are in a meeting and find the group is trying to diagnose and prescribe a solution from the conference room, get up and go to the gemba. Confirm what is actually happening, as it is happening. It is one of the most important principles and practices of leadership.

Revised Requirements for the Environment of Care (EC) Chapter

In December 2013, the Centers for Medicare & Medicaid Services (CMS) clarified in a Survey and Certification letter (S&C 14-07-Hospitals) the circumstances when a hospital may adjust its maintenance, inspection, and testing activities for medical equipment and utility systems. CMS classified these requirements into two categories: those that are effective immediately and those that will be effective January 1, 2014.

More Items from the Joint Commission
Healthy Hospitals Initiative’s 2013 Milestone Report Shows Sustainability Trends Catching on Among U.S. Hospitals

The Healthy Hospitals Initiative (HHI) released its 2013 Milestone Report, which shows that more leading hospitals are adopting innovative sustainability practices to reduce their environmental footprint, lower costs and improve the health of patients and staff.

Launched in April 2012, HHI is a national campaign to promote a more sustainable business model for healthcare while addressing the health and environmental impacts of the industry.

"Hospitals nationwide are transforming their purchasing practices to avoid toxic chemicals, buy healthier food and beverages and become energy efficient and less wasteful," said Gary Cohen, president of HCWH and founder of HHI. "This report shows that clear trends have emerged and innovative hospitals are implementing strategies to reduce costs, improve their environmental performance and support broader environmental health goals."

The Report summarizes HHI’s second year of progress with more than 630 HHI enrollees—hospitals big and small, rural and urban—submitting data that quantified their sustainability efforts. The HHI campaign nationally has reached more than 1,000 total enrollees in 2014.

- Figures show big trends around local, sustainable food and healthier beverages as more hospitals commit to modeling healthy behavior and reducing diet-related, chronic diseases such as diabetes, heart disease and cancer. By creating healthier menus, buying from local farmers, reducing the amount of meat served, and procuring more fair trade and certified organic products, leading hospitals made substantial progress.
- The majority reported spending more than 15 percent of their food budget on local and sustainable food, with an average of $23.7 million spent in 2013. These figures represent an increase of more than 350 percent in local/sustainable spending from the previous year.
- The purchase of sugar-sweetened beverages decreased, with more than 65 percent reporting an increase in the purchase of healthier alternatives. Beverage purchases totaled $54.2 million, with $41.6 million spent (77 percent) on healthy beverages.

Additional report highlights include:
- The percentage of hospitals purchasing PVC/DEHP-free products increased by 60 percent. These facilities reported spending $62,840,560 on PVC/DEHP-free products in 2013, more than 40 percent of the total spent on these products in 2012. PVC/DEHP is commonly used in medical devices, such as IV bags and tubing. Concern over its health impacts has grown in recent years, as scientific studies have linked PVC/DEHP to reproductive birth defects and other illnesses.
- The number of hospitals demanding that upholstered furnishings do not contain toxic flame retardants or other unsafe chemicals are on the rise. A total of $688,654 was spent on compound-free furnishings in 2013, which accounts for a 20 percent increase from 2012. Chemicals used as flame retardants have been linked to reproductive problems, developmental delays and cancer, among other health problems.
- Hospitals continued to move away from disposing of medical devices after one use. More than $45 million was saved as a result of single-use medical device reprocessing, a 33 percent increase in 2012. More than 121,000 tons of materials recycled, plus an additional 29,200 tons of construction and demolition waste kept out of landfills through reuse and recycling.

The data in the report was collected from more than 630 HHI-member hospitals in six key “Challenge areas: Engaged Leadership, Healthier Food, Leaner Energy, Less Waste, Safer Chemicals, and Smarter Purchasing. Each HHI member has committed to improve the health and safety of patients, staff and communities by implementing at least one of the Challenges.

To learn more about the Healthy Hospitals Initiative, or to download the full report, visit www.HealthierHospitals.org

Mercy Health Goes Bold & Beautiful

The design of Mercy Health’s new West Hospital (Cincinnati) features a large horizontal footprint—and an enormous roof. Since a driving principle in the design was connecting the facility with the surrounding landscape (using such elements as expansive windows, ample day lighting, and complementary color palettes), the design team also decided to think about how the roof could play a part in creating that setting. (For more, see “Making Of An Exterior At Mercy Health West.”)

That brainstorming led to the development of a 2.5-acre green roof—one of the largest living roofs in the state of Ohio. Designed by Close Landscape Architecture (Minneapolis) with Meisner + Associates/Land Vision (Cincinnati), the roof features a mixture of 65,000 native plants and every patient room has a view to the feature.

The 2.5-acre green roof, includes:
- A mixture of 50,000 sedum plants
- Bemrs for native grasses and perennials reminiscent of the area’s rolling hills
- 1,300 Little Bluestem and Prairie Dropseed prairie grasses
- 12,500 perennials, including Allium, Milkweed, Pinks, Rudbeckia, Monarda, Liatris, and Obedient Plant.

“These perennials provide seasonal bloom from spring to early fall and display a range of color,” says Gary Meisner, partner of Meisner + Associates/Land Vision.

For more on the project, read “Mercy Health Goes Bold And Beautiful.” Info taken from Healthcare Design.
Did You Know?

Experts say healthcare facilities are second only to the food industry in contributing to waste products in the United States, producing more than 6,600 tons per day and more than 4 billion pounds annually. Operating rooms and labor-and-delivery suites together account for nearly 70% of hospital waste.
New NEHES Website Launched

“There’s a new website in town and it remains a work in progress,” said Ron Vachon, NEHES Website and Newsletter Chair. “We have changed the platform of the NEHES website and we are still refining the look and function of the site based on feedback from member users.”

In the coming months, the site will incorporate new features and will strive to be as user friendly as possible.

If you have comments or suggestions about the new site, contact Ron Vachon at rvachon@stmarysmaine.com

MaineGeneral Earns Highest LEED Certification

MaineGeneral’s Alfond Center for Health has been awarded LEED gold certification by the U.S. Green Building Council.

The new 192-bed hospital, which opened Nov. 9, 2013, is the first health care facility in Maine and only the second in the nation to be built successfully to the new 2010 LEED gold (Leadership in Energy and Environmental Design) for Healthcare standards.

To achieve LEED certification, points are awarded in seven key areas of human environmental health and design: sustainable sites, water efficiency, energy and atmosphere, material and resources, indoor environmental quality, innovation, and regional priority credits.

“Our initial goal was to achieve silver certification. But as we constantly looked for ways to improve efficiencies throughout the construction process, it became apparent that we would achieve enough points for the higher gold certification,” said Chuck Hays, MaineGeneral Health President and CEO.

NEHES member Rick Albert is Director of Engineering and Plant Ops at MaineGeneral Health. Visit the NEHES presentation about MaineGeneral from the 2013 conference.

Do You Have An Article Idea for the NEHES Newsletter?

Article ideas for the newsletter come from many different sources and you are encouraged to bring forward your thoughts of what you’d like to see in one of the four newsletters published each year.

To submit an article idea or a completed article, send to NEHES Board Member, Ron Vachon at rvachon@stmarysmaine.com. From there, Ron reviews the submissions to see if they are of current interest to the NEHES membership and if they meet the editorial guidelines for content and space requirements.

“Many times, we receive more submissions than we need for publication,” said Vachon. “When that happens, I sort out the top priority articles and work with Dan Marois, (from Mainely Communications), our newsletter editor, to see which ones compliment each other for publication.”

Why not consider offering an article idea? Even if you just have an idea that you’d like to work on and develop, we can assist you in crafting the article.

Growing Your Career By Telling Your Story

A session at the ASHE Annual Conference titled, “Assessing Your Career Fitness for Today’s Health Care Environment” resonated with many facility professionals as it was an examination of the skills needed to advance a career. “Softer” skills such as communication and visibility are increasingly important, experts said during a panel discussion.

“In today’s challenging health care environment, those who can adapt best to change survive,” said Dana Swenson, PE, MBA, senior vice president and chief facilities officer at UMass Memorial Health Care.

One way facility managers can improve their visibility and communications is by telling the story of facilities. Swenson said facility managers are often “white knights” who come to save the day when something goes wrong and then brush off appreciation with an “it was nothing” attitude.

A better approach, he said, would be to tell others you appreciate the thanks and explain how facilities worked to solve the problem at hand.

Another suggestion from the panel was to create an annual report showing what the facility department is doing. The panel also suggested networking and building relationships with others in the hospital, showing that patient care is the primary focus for facility managers.

Jack Gosselin, FASHE, CHFM, Principal, Gosselin Associates, was also a presenter on the panel with Swenson.

Member Log In—Hidden Gems

Are you aware that you can join or renew your membership by going to the member login area on the NEHES Home page?

All you need to do is to enter your “Username” and “Password” which will bring you to the Members Only area.

While there, you can update your individual profile with information you might want to share with fellow NEHES members including a photo and contact information.

You can also search out information about other members from the “Search Membership” tab.

NEHES at the National Level

Congratulations to NEHES members who will be serving on national committees:

- ASHE 2015 Conference Planning—Ron Vachon
- ASHE Chapter Leadership Forum — Randy Hussey, Paul Cantrell and Ron Vachon
- ASHE Membership Committee—Jona Roberts
- AHA—CHFM Committee- Jack Gosselin and Steve Cutter

If you are interested in volunteering for an ASHE committee, click here.>>
Events & Dates to Remember

- **September 28—October 1, 2014**
  **NEHES Fall Conference**
  Mystic Marriott—Mystic, CT
  Connecticut Healthcare Engineers’ Society
  Chairs: Steve Jalowiec and Paul Roth

- **September 23 & 24**
  **Health Facility Commissioning—**
  Chicago, IL  [For info]>>>

- **October 14 & 15**
  **Healthcare Construction Certificate Workshop**
  Healthcare Facility Management—Fundamentals Denver, CO  [For info]>>>

- **October 19 to 25**
  **National Health Care Facilities & Engineering Week**

- **July 12–15, 2015**
  **52nd ASHE Annual Conference and Technical Exhibition**
  Boston, MA  
  (NEHES will be very actively involved as the host chapter to this national event.)

- **For full list of ASHE [Calendar of Events]**

Dagenais Set For ASHE National Stage

*by Dan Marois*  
*Newsletter Editor*

He doesn’t become president of ASHE until January of 2015, but that doesn’t stop Dave Dagenais from planning his year at the helm of the premiere organization dedicated to healthcare engineers and facility managers.

Dagenais’ rise to one of the highest positions in the industry did not happen overnight. At the age of 16, he began his career as an apprentice electrician, working with a local businessman in his community.

After graduating high school and serving in the military, he became a master electrician and eventually was hired at the hospital where he still works today—Wentworth-Douglass in Dover, NH.

Dave has had many opportunities for growth and advancement moving from Electrician to Supervisor of Facilities, to Safety Officer and now Director of Plant Operations and Security.

Talk for a minute with Dave and you’ll quickly learn about his passions.

“There are so many things happening in our profession and the facility manager has to change with the times,” said Dagenais. “Our facility managers need to begin to think strategically about how they can help their organizations. That process can happen when someone thinks about their work on the national level,” said Dagenais. “We need to educate the C-suite about the value of ASHE and the role that their facility manager can serve in their organizations.”

It pains Dagenais when he hears about colleagues that don’t go to conferences or seminars because they say “the organization won’t let me.” He believes that there is a solid argument to change this thinking.

“This person needs to go to a conference and show the C-suite how that participation can benefit their organization,” suggests Dagenais. “When the person comes back from a conference and can present a plan on energy savings that will save the organization money, then the person will begin to show their strategic value to the organization.”

He’s often used the phrase “from the boiler room to the board room” to describe the journey many of his peers need to take. He believes that members need to think seriously about that board room seat.

“We are a 100% expense department that shows very little income. If we can position ourselves as being able to save the organization real dollars, we will have earned that seat at the board room table,” said Dagenais.

Another passion for Dagenais is his work in codes and standards.

“I work on codes and standards constantly. I want to insure that if a new code is brought forth that it can be done efficiently and that it offers extra value,” said Dagenais, posing that codes should be reasonable and not costly to implement. “They should also be consistent from all the regulators we deal with.”

When asked about his thoughts of the ASHE National Conference coming to Boston in 2015, it is hard for Dagenais to control his emotion.

“My success has its roots in New England working with the state chapter, NEHES and going on to the national level,” said Dagenais, who admits that he feels like the conference is being held in his own backyard. “It couldn’t get any better.”