NEHES Fall Conference set for September 27 to 30, 2015
Newport Marriott—Newport, Rhode Island

Jim Carroll is promising a first class event in Rhode Island as the NEHES Fall Conference lands in the beautiful environs of seaside Newport. Carroll is serving as Chair for the conference and is being assisted by members of the Rhode Island Healthcare Engineers' Society and the NEHES administrative team of Jack Gosselin and Michele Deane.

Like many fall conferences, the event will have a special mix of educational presentations, vendor displays, social events, opportunities to network and the NEHES Annual Meeting. There will also be the opportunity to recognize members for their service to NEHES and to give out special award recognition.

A welcomed addition to this year’s event will be a presentation by George Mills, MBA, FASHE, CEM, CHFM, CHSP, Director, Department of Engineering at The Joint Commission.

Mills has more than 25 years of experience in health care and previous experience in construction and structural steel fabrication. Prior to joining The Joint Commission, he served as a director of facilities, consulted and held national positions related to codes and standards, including serving as director of codes and compliance for the American Society for Healthcare Engineering (ASHE).

Another featured speaker will be Dave Dagenais, BS, CHSP, CHFM, FASHE, President of ASHE and a long time NEHES member.

Dagenais is Director of Plant Operations and Security Safety Officer at Wentworth-Douglass Hospital in Dover, NH. He is a popular speaker at NEHES events always leading a lively discussion about the issues of codes and regulations.

Taking a more global approach to education, the Fall Conference will cover a variety of areas and disciplines. While many sessions will center on the nuts and bolts topics in the healthcare engineering profession, there will be sessions in other areas such as operations, communications and technology, to name a few. There will also be a presentation on a subject grabbed from the headlines that affect the profession such as the Boston Marathon Bombings that was part of the Fall Conference in 2013 in Portland, Maine.

NEHES members might remember that last year’s conference in Mystic, Connecticut had a special dinner and reception at the renowned Mystic Aquarium. Carroll is hoping for something equally as special, but with a Newport, Rhode Island flair.

Watch for more info and registration details coming soon on the NEHES website, Facebook page and LinkedIn page.

Honoring Past NEHES Presidents

Honoring Our Leadership—Current NEHES President, Paul Cantrell took the opportunity to honor past NEHES presidents in a special ceremony at the NEHES Spring Conference. Cantrell honored each one attending with a President's jacket emblazoned with a uniquely created logo in recognition of their service to NEHES. From left to right, John Crowley, Dave Dagenais, David Hathaway, Jack Gosselin, Kevin Keating, Don Garrison, Steve Jalowiec, Mark English, Ron Vachon, Milt Dudley, John Duraes, Gary Valcourt and Ed Lydon.
At the spring seminar I spoke about the road from where I started to where I am now. This has led me to the realization that we all have different or unique backgrounds. We are not pre—destined to a job as a destination with all different levels of education and training in preparation for the jobs we hold now, yet we all do have the same needs.

These same needs are to find a common place where we can find information on a consistent basis that keep us up to date with codes, standards and trends that are going on within our own disciplines and within our facilities. The common resource to meet these needs can be found in the New England Healthcare Engineers’ Society where we can come together and learn together.

The next thing that I actually realized was the fact that most people within facilities, either directors or managers, are the ones that get all the information. While they may come back with the best intentions of intentions to educate their staff, the information simply does not get disseminated. Either we can’t find the time to get to it or, when we do get to it, we have forgotten the material in exactly the same way that it was presented to us.

What I have come to realize is that the staff that work for you are actually yearning to find out the information that is available. They want to know about codes and standards and why we have to abide by them. And while we may make an attempt to pass along this info, sometimes the best of managers or directors fall short as instructors.

Much like a parent talking to a child, the message is not received. We have all had an example when we told something to a child and the message is not what they heard. The message was clear in our minds, but it never got translated appropriately. Let’s face it, communication can be difficult.

I use this example not to say that our staff respond like children. My point is that while we may try different modes and means of communication, we all have different styles in processing information. I begin to realize that the best way to deliver the message, especially when it comes to the intricate details of the work we do, is to bring your staff along to hear the message directly from the teachers, experts and authorities who present at NEHES educational events.

I can’t urge you enough to have your staff involved in the NEHES Spring Seminar, the Twin State Seminar or in the NEHES Fall Conference held in locations throughout New England. This is a unique opportunity to build your team and have them network with peers who face the same job challenges that they do every day in the healthcare facilities business.

And this summer, with a national ASHE Conference being held in Boston, Massachusetts, there is an even greater opportunity for education and networking. It doesn’t happen often that a national event is held in New England featuring some of the nation’s experts giving presentations. Sure, there is a cost associated with such an event. But I contend that the return on investment will reap benefits for your organizations and real tangible cost savings from the learning that takes place at such an event.

If you aren’t able to bring your staff to these conferences, then I strongly suggest that you bring them to your state chapter meetings. Most have monthly meetings with presentations and education units offered for attendance. It’s a great opportunity to connect with your staff in a professional group that can inspire them to do great things. Try it and share the successes it will bring.

52nd ASHE Annual Conference – July 12-15, 2015—Boston

The ASHE Annual Conference and Technical Exhibition takes place this year on July 12-15 here in New England in Boston.

The New England Healthcare Engineers’ Society will take center stage as it takes on the role of host chapter to the ASHE Annual Conference.

More than 3,000 professionals gather onsite 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.

If you’ve ever wanted to attend a national conference, this might be your best opportunity as the conference will take place in Boston only minutes away from the finish line for the time honored Boston Marathon.

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.

As the host chapter, NEHES will be heading up a few events and booths:

• Community Service Project on Saturday before the conference - The project will include doing hands on work at the Pine Street Inn homeless shelter.
• Chapter Leadership Forum will be led by Ron Vachon, Randy Hussey, Paul Cantrell and others.
• NEHES Information Booth and Hospitality Suite— NEHES members will be welcoming engineers from across the nation showing them the New England hospitality that can’t be found anywhere else.

Education on the Healing Environment— The NEHES Spring Seminar is well known for a wide variety of educational presentations which centered, this year, on the healing environment. The full day seminar included such subjects as Ventilation Controls and Life Safety Interface with Gene Cable and Randy Hussey, How Proper Fire Protection System Design Can Improve Patient Experience and HCAHPS with William E. Koffel, PE, FSFPE, President of Koffel Associates in Quincy, MA and Lynn Kenney, Senior Analyst, Advocacy Team, ASHE, Chicago, IL, Operating Room Humidity and Smoke Purger, NFPA 99 and Code Development with Jon Hart and Facilities Preparation– A Non-Ebola Designated Hospital in a presentation from a team from UMass Memorial Hospital. Hear comments from Bill Koffel and Lynn Kenney. To view presentations, click here>>

NEHES Central— Things were happening fast and furious in the expanded vendor area where members were introduced to products and services available to them. The Massachusetts Healthcare Engineers were in full force as they hosted the event which also included a visit from many past NEHES Presidents and an interactive forum for Supporting Members. Thanks to all who attended and made this a successful event.
Ed Lydon, SASHE, CHFM, Assistant Vice President for Support Services  
2014 NEHES President

This past quarter has been busy reaching out to the Region I Chapters, as well as sending a welcome letter to 62 new ASHE members here in Region I. I am pleased to report that Region I has been engaged in a variety of activities.

- I recently attended a meeting with the WNYSHE Chapter in Buffalo, NY. WNYSHE sponsored a presentation April 14, 2015 regarding “Filtration & Hardware Performance for Healthcare Facilities”.
- I also attend the NEHES Spring Seminar on March 20, 2015 in Leominster, MA where the educational sessions were very informative and covered a variety of topics.
- The Central New York Society Healthcare Engineers are busy planning a seminar to be held Monday, June 1, 2015 at the Turning Stone. For info>>
- I also attended The Hospital Engineers Society Greater New York Dinner Dance Gala that was held on Saturday, April 18, 2015 at Russo’s on the Bay in New York City. The scholarship fund raiser was well attended by 200 guests and was a celebratory night with a band and prize drawings.
- Lastly, I attended the ASHE PDC where I met with many of our colleagues from the New York and New England.

Recently I attended the ASHE Board meeting in Chicago. I am always amazed of the breadth of the organization. The highlights of this meeting are as follows:

Wireless Medical Telemetry Service (WMTS) is a hot issue. (See Randy Hussey’s Advocacy Report elsewhere in this newsletter)

We need the help of each hospital in a letter writing campaign regarding preventing harmful interference to wireless medical telemetry devices (WMTD). In 2010 (after the Baylor University Medical Center and Methodist Medical Center incident where interference impacted patient monitoring) at the urging of the AHA, the Federal Communication Commission (FCC) dedicated a portion of the radio spectrum for wireless medical telemetry devices such as wireless heart, blood pressure, respiratory, and fetal monitors.

The creation of the WMTS was a direct result of the AHA’s advocacy to the FCC about our concerns over how electromagnetic interference (EMI) with wireless medical telemetry equipment can effect patient safety.

Today, according to ASHE, there are more than 360,000 wireless patient monitors in the WMTS. While protecting patients is paramount, unfortunately the FCC is currently considering rules that would allow unlicensed devices to operate on the same frequencies as our WMTS.

ASHE has worked closely with the FCC staff and commissioners to make them aware of the impact harmful interference will have on patient monitoring. However, available wireless spectrum has become scarce, the desire to share previously protected spectrum is simply too great to be altered by one voice. We need multiple voices, telling their story of how WMTS interference will impact patient care in their facility. Click here>> to become involved.

The ASHE Board voted earlier this year to recognize sustainability as a strategic imperative, with Terry Scott from Texas as the executive sponsor. This means that a committee is in the process of being formed and ASHE is prepared to put some resources behind this initiative. Energy 2 Care is example of a successful program that will see continued support.

On the subject of “Energy 2 Care,” it is making a difference in our healthcare settings.

The energy benchmarking and awards program continues to grow in its usage across the country in health care facilities. There is solid evidence that this program has allowed facility managers to reduce energy consumption and return savings back to their organization.

Recently, many chapters have taken on challenging other chapters to see who can achieve the greater regional savings. With these chapter challenges come sharing of successes and a competitive movement to saving energy. Additional efforts on the part of chapters will be recognized through the new Elite program for chapters that participate in the Chapter Levels of the Affiliation Award program and are actively involved with Energy 2 Care.

ASHE announces that a new website will be launched soon which will offer a face lift to modernize its presentation and to enhance navigation of the web pages. The effort will also make the site more responsive to mobile devices. As well as making the webs page a mobile responsive site. The ASHE website has 177,085 visits per year with 74,545 hours of education being accessed through the web.

ASHE Advocacy drives big accomplishments for hospitals throughout the US, at the board meeting Chad Beebe announced that ASHE influenced aligning codes across the spectrum with the various organizations such as IBC, NFPA, and FGI. ASHE was successful 93% of the time with the IBC, 97% with FGI and 87% with NFPA.

Beebe continues to stress how important it is for those who participate in these organizations to vote on any issues that arise.

In conclusion, it is impressive to see all the great work being done by facility managers within the region. Please feel free to contact me if I can be of assistance to you at elydon@nhs-healthlink.org. I hope to see you at one of the upcoming events.

Ed Lydon Update  
Message from ASHE Region 1 Representative

ASHE Emerging Regional Leader

Paul Cantrell, CE, CPE, CHFM has been awarded the 2015 ASHE Emerging Regional Leader Award-Region 1. This prominent award recognizes 10 exceptional individuals, one from each ASHE region, for their exemplary leadership skills and their commitment to the field of health care facility management. Watch for more details in the next newsletter.

Cantrell currently serves as NEHES President. To learn about the award>>
Channel 37 At Risk—ASHE is urging all members to contact the Federal Communications Commission (FCC) to ask them to protect wireless patient monitoring devices from harmful interference. Although the immediate issue affects hospitals that use the WMTS spectrum space (Channel 37), the FCC is moving to share all spectrum space, so its decision on this issue is expected to affect all hospitals using wireless telemetry devices.

For years, hospitals have used wireless patient monitoring devices registered with the wireless medical telemetry system (WMTS). The FCC has long protected this space for WMTS devices, but pressure from a coalition of companies seeking expanded broadband access is mounting for the FCC to allow this space to be shared with other devices. Please respond to this today!

For more info, a template letter, and how to respond to the FCC, click here.

A Look at the ASHE Advocacy

Committees - What do they do?

- **Advocate for the Adoption of Recommended Codes**
  Calls for the development of a recommended package of codes and regulations regarding the design, construction, maintenance, and operation of health facilities for adoption by the states and federal agencies.

- **ICC Health Care Code Review**
  Calls for a sustainable proactive advisory committee to manage the ICC code development process.

- **Support Codes Reflecting Minimum Requirements**
  Directs the ASHE Advocacy Advisory Committee to promote codes and standards based on a philosophy of minimum requirements, which protect patient and staff health and safety without adding unnecessary costs.

- **Patient Experience**
  Directs the ASHE Advocacy Advisory Committee to develop materials that show how health care facility managers can have a positive effect on patient satisfaction survey scorecards and tools to improve patient satisfaction ratings.

- **Member Involvement ROI**
  Develops necessary tools to explain the return on investment active members have made either through advocacy efforts or active participation on boards and committees that lead the direction of the membership organization.

- **Sustainability**
  Promotes health care sustainability through ASHE tools and resources and educates members on the implementation of sustainability programs and the benefits of being part of the programs.

- **Promote ASHE’s Commissioning Process**
  This action plan develops and deploys a positive promotion campaign on the benefits of HFCx, including the available ASHE tools and resources. It provides a single source for products, news, and case studies on health care commissioning.

To reach Randy Hussey, call 207-973-7037 or email rhussey@emh.org.

New and Renewing NEHES Members— Join or Renew Today

Massachusetts

Seth Adams, Project Executive
J.K. Scanlan Company
East Falmouth, MA

Kevin Caron, Account Manager
Archoustics-Northeast
Methuen, MA

Kevin Donovan, Electrical Services Specialist
Westfield, MA

David Ellowitz, Senior Engineer
Syska Hennessy Group
Cambridge, MA

Aaron Fernandes, Associate
R.G. Vanderweil Engineers, LLP
Boston, MA

Angela Jackson
Preventative Maintenance Sales
SimplexGrinnell
Worcester, MA

Joseph McCoy, Dir. Business Development
C.E. Floyd Company, Inc.
Bedford, MA

Courtney Noble, Owner/President
Crown Fire Door Products, Sanford, MA

Shaun Pandit, CEO
EarlyBird Power LLC

Milton, MA

Tom Schiller, President
AutomaTech, Inc, Plymouth, MA

John Tripp, Dir. Business Development
Green Internation Affiliates, Inc
Westford, MA

Roger Tuttle, Project Manager
Syska Hennessy Group
Cambridge, MA

Sean Whalen, VP Business Development
South Coast Improvement Company
Marion, MA

Maine

Matt Jacobs, President
Northeast Coil, Inc.
Limerick, ME

Dick Rollins, Principal, PE
WBRC Architects-Engineers
Bangor, ME

Walter Pochebit, VP Facilities Management
Maine Medical Center, Portland, ME

New Hampshire

Scott Coloumbe, Dir. Business Development

Methuen Construction
Salem, NH

Connecticut

Peter Martin, Partner
Gosselin Associates
Mystic, CT

Brenda Wall, Senior Mechanical Consultant
Van Zelm Heywood & Shadford, Inc.
Farmington, CT

Rhode Island

Robert Dunning, Dir. Facilities Management
South County Hospital
Wakefield, RI

Pamela Mace, Director Facilities Services
Newport Hospital, Newport, RI

Vermont

Monte Mason
Electrical Maintenance Supervisor
UVM Medical Center, Burlington, VT
Wakefield, RI
Ron Vachon, CHFM, SASHE
Dir. of Plant Operations
St. Mary’s Regional Medical Center– Lewiston, ME

What do you do when you need a wall in a hurry? Here’s what I did.

St. Mary’s Regional Medical Center runs a robust Wound Care program incorporating the use of hyperbaric chambers. It is a very busy department. In a recent Statement of Conditions review we discovered a latent problem. Because of code requirements, the hyperbaric chambers must be in a separately enclosed area from the wound treatment area and currently our chambers are part of an open area for wound care.

My first thought was to build a traditional sheetrock wall with doors and windows to accommodate observation needs of this cross functional team. That would allow us to meet the code and solve the problem. But as you all know, that kind of project can be disruptive to a department and be costly to complete. And no matter how you look at it, walls tend to be permanent. (Or at least until an area needs to be redesigned and the walls “come tumbling down” to use a Biblical reference.)

There had to be another way to solve the problem. The answer came from remembering we had recently used a new system of construction barriers, and in talking to Tim Hebert of Hebert Construction in Lewiston. In addition to running a construction firm, Herbert has started a company called STARC Systems (Simple Airtight Reusable Containment System) which operates out of the former Naval Air Base in Brunswick, Maine.

I was intrigued with these systems as the information provided to me stated that the prefab modular containment panels were safe, secure, air tight, washable and sound attenuating. The panels are reusable providing a GREEN solution, and they can be easily relocated and adjusted to fit. Tim suggested that they can easily provide custom panels for our application, and best of all, they are built to maintain a Class-A flame spread meeting the code requirements that I need in the Wound Care Center. Designing the panels was not difficult at all and the installation time needed to complete the project was incredibly quick and efficient. While building a sheetrock wall would have taken us many hours, dust barriers, and lots of coordination with the department to work around their patient scheduling, the prefabricated modular panels took a mere two hours to be installed.

I don’t think I have ever solved a construction issue so easily. Here is what most impressed me.

- Our modular panels were made to order. We installed “c” tracks on the ceiling grid to lock the panels in place, and diagonal bracing over the ceiling by only popping two ceiling tiles. (The stock construction barrier types are versatile have seamless telescoping height adjustments for temporary construction barriers from 80” to 120” with standard 24” and 32” widths).
- There was no dust or debris during setup or take down. (That’s right, only minimal and short duration zip wall barriers when existing tiles were opened!)
- The panels are clean and very attractive with an antimicrobial exterior. The roller door took up no space and is durable. The windows preassembled in the panels were just what staff wanted.
- Staff love them! (This is a worthy goal in healthcare engineering!)

I am pleased to report that Yankee ingenuity is very much alive and well in Maine. And having something that is Made in the USA, or more specifically in Maine, is certainly a plus for our local economy.

The STARC Systems website has case studies on two other projects completed in Maine at Maine Medical Center in Portland and at Central Maine Medical Center in Lewiston. For case studies>>

More Case Studies in Maine

Pharmacy Project at Maine Medical Center – The STARC system in place at Maine’s largest hospital in Portland, Maine.

Portable Plus – All panels at a Central Maine Medical Center Project in Lewiston arrived on one transport cart.
2015 Meeting Schedule (tentative):
Meeting place: NHHA – New Hampshire Hospital Association, Airport Road, in Concord, NH

- Recent educational presentations included: Healthier Hospital Initiatives-Embedding Sustainability into our Culture and a session on Energy Conservation.
- June 19th- American Plant Maintenance, Steam Trap Program. NHHA Concord, NH
- August 6th- Twin-State Seminar. DHMC Lebanon, NH
- August 21st – NHSHFM Summer Outing
- September 27th – 30th NEHES Fall Conference in Newport RI at the Newport Marriott
- October 16th – Lean Thinking with Nick Massey. NHHA Concord, NH
- November 20th – ASHRAE 188 and Water Management by Steve Cutter
- December 12 – NHSHFM annual planning meeting

President: Tim Bishop, Director of Facilities, Riverwoods at Exeter – tbishop@riverwoodsrc.org
Vice President: Greg Heilly, Maintenance Operations Supervisor, Dartmouth Hitchcock Manchester – Gregory.E.DHeilly@Hitchcock.org
Secretary: Marc Tetreau mtetreau@crotail.com
Treasurer: Marcel Alix, Supervisor of Engineering, Monadnock Community Hospital – marcel.alix@mchmail.org
NEHES Rep: Peter Girard, Director of Maintenance, Granite Ledges – peter.girard@genesishcc.com
NEHES Alt Rep: Scott Lever, Utilities Manager, Southern New Hampshire Medical Center- Scott.lever@snhhs.org

Massachusetts Healthcare Facilities Professionals Society

- Recent meetings included an educational session on The Joint Commission Environment of Care Documentation
- June 18—Anna Jacques Hospital in Newburyport, MA
- July 12 – July 15, 2015 ASHE Conference – No Chapter Meeting
- September 27th – 30th NEHES Fall Conference in Newport RI at the Newport Marriott
- November, 2015 TBD Election of Officers

President: Corey McNulty, Director of Plant Operations, New Bedford Rehabilitation Hospital – CMcnulty@newbedfordrehab.com
Secretary: Open
Treasurer: Dave Fowler, Senior Director- Support Services, Anna Jacques Hospital – DFowler@ajh.org
Chapter Representative: William Smith, Director of Plant Operations/Telecommunications-Winchester Hospital- bsmith@winhosp.org

Maine Healthcare Engineers Society

Recent meetings included an educational session on Keeping Coils Clean – by Patrick Mee of the Mee Group and an update on E2C—Energy to Care

MHES Stats:
The Maine Chapter has 32 Active Members, 47 Supporting Members and 2 Lifetime Members for a total of 81 members.

President: Chris Henderson, Facilities Operations Manager, 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 & Safety, Spring Harbor Hospital– West Brook thomaj3@springharbor.org
Chapter Representative: Dan Bickford, Director of Engineering, Central Maine Medical Center, Lewiston, ME – bickfoda@cmhc.org
Alternate Rep.: Randy Hussey, Fire Protection Officer, Eastern Maine Medical Center Bangor, ME – rhussey@emh.org
After Mother Nature delayed the start of the NEHES sponsored Ken Blanchard Leadership Series, the first class actually took place on April 28. The class is being held at Schneider Electric in Andover, Massachusetts where the use of the state of the art conference room and food for the day are generously sponsored by Schneider. The class kicked off with an introduction from NEHES President-Elect, Jona Roberts and NEHES President, Paul Cantrell. The class is conducted by S. Chris Edmonds, a senior consultant with the Ken Blanchard Company and author of The Culture Engine, a book that describes how to instill a sense of culture in an organization that boosts employee engagement and work passion while generating increased profits. Edmonds cites that “Workplace inspiration doesn’t happen naturally, it happens by intention. Edmonds specializes in creating positive work cultures and employee well-being. His clients include Honda, IBM, Toyota, Pfizer, Minnesota Department of Human Services, and T-Mobile. Chris is a dynamic speaker who does a fantastic job at engaging the group to learn about the first topic presented, Situational Leadership. The class focused on managers partnering with their staff to accomplish goals, to set up a communication process, and to create different ways to communicate issues within a team. I feel that the lessons learned will be able to be used in my everyday dealings with my staff and peers. Some of the comments voiced after the first session included:

- “Very well laid out and eye opening to the direction of the class”
- “Excellent program. I’m excited to put the lessons learned into application”
- “Flow of the day was good with timed breaks/lunch”
- “Excellent food, Great instructor”

Future topics to be covered include:

- DISCovering Self and Others® Conflict Management
- Leading People Through Change Servant Leadership

There will be five classroom sessions supplemented by four online webinars. So what do I hope to get from attending the Leadership Series? The answer is simple. I want to advance my career, learn new ways to improve my departments, and just gain knowledge. I would like to extend a special thanks to Jona Roberts who led the development of this series and to the NEHES Board for absorbing the cost of the class for NEHES members.
NEHES member, Ed Lydon, SASHE, CHFM, is a consultant surveyor for the VHA preparing hospitals throughout the country for accreditation reviews.

"Whether you have a team approach or a one person approach to preparing for surveys, make sure that the right people are at the table in the planning," said Lydon, pointing out that an organization needs to take action and responsibility when needed. Lydon cites some areas that hospitals are struggling with.

- Air pressurization issues for specialized air systems in areas such as surgical suites and central sterile areas.

"Exchange rates must comply with FGI Guidelines and I am seeing problems in this area."

- There must be inspection, testing and maintenance of fire protection systems.

"For instance, smoke detectors must be checked on an annual basis. When it comes to “due for inspection,” I will check your previous year’s inventory with the current years. If the number of devices is different and there is no documented renovation or new addition, then there is a problem."

- Hospitals need to be aware of what needs to be done when a vendor is checking equipment.

"If a vendor does onsite testing and a deficiency is found the expectation set by The Joint Commission is the deficiency is corrected in 45 days or less, if not complete a plan for improvement in the eSOC. Please remember to assess the deficiency for Interim Life Safety Measures. While a vendor’s report might take a few weeks to complete, the clock is still ticking to correct the deficiency."

- We are seeing categorical waivers not being properly implemented.

"CMS allows categorical waivers to give you relief from a particular requirement during a survey for selected items only, see ASHE web page for all CMS Categorical Waivers. You need to know that there are still elements within each NFPA standard that must be met to be in compliance with the waiver. The waiver letter itself does not give you all the detailed information you need to consider when implementing a Categorical Waiver.

"For instance, I have seen hospitals implement the categorical waiver allowing relative humidity levels as low as 20% and not the required 30 to 60%. However, hospitals haven’t always checked to realize that some of their supplies are sensitive and are compromised at humidity levels less than 30%. Yes, there was a categorical waiver, but there was still a need to protect products that are used for patient care, see recent “Quality Advisory” June 21, 2015 for further information.

- Don’t repeat previous deficiencies.

"Although it may sound too obvious, always review a previous survey report before embarking on a new one. Make sure you followed up on issues identified and make corrections. I hate to see it when people repeat prior deficiencies. You should have learned from previous findings."

**Resources for Your Next Survey**

**Things to Consider for More Productive Surveys**

* Are you focusing on systems and processes and how to improve them?
* Have you had an issue with this requirement on previous surveys?
* What kind of follow up monitoring have you planned to determine whether or not the ESC has been effective over the long term?
* If you find that your ESC hasn’t worked, how do you go about fixing that?
* Do you have a team approach or is one person responsible?
* Do you do what you need to do to “make it go away” or are the issues analyzed to determine why the non compliance is present?
* Do you use this standard ESC response: “We have re-educated the “fill in the blank?”
* Have you looked at patient safety events and near misses/close call in relation to non compliance identified during your survey?
* Have you considered what the short term and long term impact will be if you are unsuccessful in correcting RFIs?

**Prepping for Surveys**

**Lessons from a Surveyor—Ed Lydon, SASHE, CHFM**

**Healthcare-associated infections.** One in every 25 patients will contract an HAI during a hospital stay.

**Antibiotic resistance.** Two million people each year contract an infection by bacteria resistant to antibiotics.

**Personal protective equipment protocol.** It is suggested that the two patients who contracted the Ebola virus in the US in 2014, came through lack of or inadequate PPE protocol.

**Hand hygiene.** Despite the relative easiness of washing hands, hand hygiene compliance rates simply remain too low.

**Health IT issues.** Implementation of health IT has been rocky, and the scope of technology’s reach is less than anticipated.

**Medication errors.** Nearly 1.5 million Americans each year experience an adverse event due to a medication error.

**Workforce safety.** More attention must be centered on both the physical/psychological safety of healthcare employees.

**Transitions of care.** The clearer communication channels are, the better care patients will receive.

**Diagnostic errors.** Diagnostic errors are both the most common and the most costly form of medical malpractice claims.

**Patient engagement.** It is essential to involve patients in their treatment plans/processes; making them allies in their care.

**Becker’s Infection Control And Clinical Quality**

**10 Top Patient Safety Issues For 2015**
Let me start with a bit of history about Concord Hospital in New Hampshire’s state capitol. The facility was built in 1955 and consisted of three Bigelow two pass fire tube boilers with an output of 600 Boiler horse power (Bhp). The primary fuel was #6 fuel oil and the approximate square footage was 122,000. Steam was produced for a fully operational laundry service as well as steam operated pumps and heating systems.

As the facility grew in size, a contract was negotiated with a local steam district heating utility to take over steam production. The decision was made for the Hospital to shut down its steam boilers. For about 10 years, Concord Hospital purchased steam from the local utility, but as the costs continued to grow it became apparent that producing steam would cheaper than buying steam.

During the 1990’s it was decided that Concord Hospital would upgrade its facility and start producing its own steam. The Hospital would install a waste heat recovery boiler and a medical waste incinerator, as well as two steam absorption chillers. One of the original boilers was removed and replaced with a 500 Bhp waste heat recovery boiler and the Hospital incinerated all of its trash and medical waste. The heat from incineration was pulled through the boiler and fuel cost was significantly lowered. The cost to truck waste from the facility was also lowered.

During the mid-1990’s the EPA changed regulations for medical waste incinerators and made it difficult to continue incinerating medical waste. It was determined that Concord Hospital would shut down all waste operations and fit the waste heat chamber of the boiler with a burner and carry on. As the Hospital began construction again in early 2000, it was discovered during peak heating demand that Concord Hospital was reaching capacity and was now running the primary boiler in addition to the two back up boilers. It was realized that during the most extreme cold weather days it had exceeded capacity to deliver boiler feed water and our capacity to make steam. Creative steps were taken by plant engineers to make it through the coldest days in January, with the installation of redundant feed and condensate pumps as well as hot condensate holding tanks and supply lines for supplemental feed water.

For the next four years Concord Hospital rented a temporary mobile boiler, capable of running the entire facility, with an N+1, to carry the January/February heating loads until a solution could be found to upgrade or replace the existing plant.

After several building additions and system upgrades it had become apparent that the hospital’s steam plant no longer had the capacity to supply steam to the hospital during the peak of winter. It was decided to build a larger plant for today’s needs as well as tomorrow’s needs.

A construction team was formed with Dave McLean Construction coordinator and myself the Boiler Plant Manager as the project leads. Also part of the team was the Facilities Vice President, Facilities Director, Staff Architect, and Plant Ops Manager. Fitzemeyer and Tocci was hired as the Engineer and Designer of the project, and Harvey Construction as the general contractor over seeing all aspects of construction.

Several designs were discussed as well as plant layout. Equipment was specified and the trades vetted out. The challenge was to build the plant in the footprint of the existing Central Plant.

This site was sandwiched between the main oxygen storage tank pad and the Central Plant #1. There was also a large embankment behind which was holding up a parking lot for one of our medical office buildings. This would be a particularly challenging project as the slope would have to be dug out and placed back 50 feet, then the ground would have to be protected from soil erosion and rip wrapped to keeping the hill from sliding in, the O2 tanks would need to be underpinned to keep the tanks from falling over.

With the challenges of protecting the slope as well as the O2 tanks, building clearances would be a challenge for code compliance. After many hours of planning and research, a workable construction plan and scope was developed. The project was on and in early November demolition began.

With much of the plant equipment still very new, all would be tagged and carefully removed to be stored off site and then returned during construction and reinstalled.

As old Central Plant 2 was torn down, it was amazing to see just how quickly this building was taken down and sorted by material into small piles to be disposed. This was actually completed in 2 work days.

The plant footings were poured and in December steel started to be erected. By early January the skin of the building was being installed. The drainage system was installed as well as under slab plumbing and electrical services. Now within the heated shell of the building concrete floors could be poured and steel piping be installed. Boilers and associated equipment were ordered.

In May, part of the team visited the Superior Boiler Works and witnessed the construction and test firing of the three boilers, all in various stages of construction. All throughout construction the team met weekly and with continuous hands on involvement the plant was on schedule and on budget.

MorrisSwitzer~Environments for Health (architect) and Consigli Construction Co. Inc. (construction management) worked collaboratively with St. Joseph Healthcare on the project to create an environment where talented caregivers could address the needs of patients and their families in a
The Hospital needed to complete a comprehensive infrastructure and energy consumption assessment to determine what the potential facility upgrades would be. Buying steam from the local utility, as well as various types of boiler systems - from fire tube to water tube boilers - as well as CHP with steam generation was investigated. The study also took into consideration the existing location of the boiler plant (sub-basement of Concord Hospital) for risk of flooding as well as being in filled above limiting equipment installation or removal.

Also looked at was changing from steam to hydronic- would this be feasible? The end result was that we had no feasible location on campus other than our existing Central Plant #2 which only housed 1 chiller and would allow for only 1 more. The determination was made that the best location would be to build a larger more comprehensible plant in the footprint of Central Cooling Plant #2.

As Concord Hospital continues to grow, the need for facility space and more services has also increased. So...we hired the engineering firm of Fitzmeyer and Tocci, and began the selection of equipment and design of the new building for replacement. Within its contents we selected:

- 3 Superior Boilers using Autoflame and Limpfield burners and burner management
- Superior DA and Condensate Systems
- 3 Heat Sponge Economizers
- VFD's on all pumps, fans, and burner motors
- Plate and Frame heat exchanger
- Building Automation to the Central Plant
- New Emergency Electrical Gear

**Burner Combustion Efficiency:**

Concord Hospital’s boilers are fitted with Limpfield low NOx burners. These burners have been designed to operate at sub 30 ppm while operating at 3% O2 or lower throughout the firing range. This is due to the utilization of flue gas recirculation and the superior flame retention and mixing achievable from the Limpfield design they are also guaranteed with 3% O2 emissions when firing gas, while producing negligible CO, and with a maximized efficiency.

Concord Hospital also fitted the boilers with the Autoflame combustion management system. The Autoflame burner controls enable users to achieve significant fuel and emission savings over conventional systems. Typically fuel savings of 8-12% are seen where replacing linkage control systems, with some users reporting even greater savings. Using high precision directly coupled servomotors, the Autoflame MM system enables the position of fuel valves and air dampers to be precisely controlled to 0.10 accuracy and ensuring combustion efficiency is optimized at all firing rates. Concord Hospital has 12 points of control on the combustion curve. Reduced electrical consumption and further improvements in combustion control can be achieved through the use of variable frequency drives controlled through dedicated channels within the MM controller. Where coupled with an Exhaust gas analyzer, all Autoflame burner controls will carry out three parameter combustion air trim. The system will make minor adjustments to the combustion air damper or variable speed drive controlling a forced draft fan to counteract the reductions in efficiency caused by variations in barometric conditions, stack pressure etc.

In conclusion, working together with the Fitzmeyer and Tocci Group, Harvey Construction, and our whole facilities team, with the amount of shutdowns and coordination, the job was completed in 8 months with minimal pitfalls of construction and a was great experience.

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**Do You Have A Story To Share? We Know You Do!**

We would like to highlight stories from your facilities to share with other members similar to those shared in this issue such as the Concord Hospital Boiler Renovation or St. Mary’s Hospital Portable Wall Installation. Even if you only have an inkling of an idea, contact us and we can help work the idea into an article.

We need material for our quarterly newsletter but we also need ongoing material to feature on the NEHES website header. Photos from your project would be most appreciated.

- For the newsletter, articles can be around 750 words with photos.
- For the website, longer articles can be posted. High resolution photos work best.

Submit your story ideas to Anand Seth, NEHES Newsletter and Website Co-Chair at anandseth004@gmail.com. Anand will consider all requests and work out details with our NEHES Editor, Dan Marois, from Mainely Communications.

Remember, too, that there is a cash prize given to the most outstanding newsletter article each year.

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**Promote Your Projects—Peer to Peer Sharing**
Membership Update

Membership Chair, Larry Williams from Massachusetts, would like to share the most current information about NEHES membership.

Total membership this year currently stands at 441, up from 439 in 2014.

- 216 Active Members
- 218 Supporting Members
- 2 Student/Educator
- 5 Honorary Members

The breakdown of NEHES members by state is as follows:

- Massachusetts 184
- Maine 62
- New Hampshire 68
- Vermont 26
- Connecticut 42
- Rhode Island 15
- Outside New England 22

Williams wants to remind members that all NEHES memberships run from January 1 to December 31, regardless of the anniversary date of membership acceptance or past payments.

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

Satisfaction Survey

Membership Chair, Larry Williams and the Administrative Office launched a membership satisfaction survey recently to access how members feel about their association with NEHES. The survey ranged from 1 to 5 with 1 being Very Dissatisfied and 5 being Very Satisfied. Early results show the following:

- # of members responding 66
- Overall satisfaction stands at 4.07 educational programming, the NEHES newsletter, value received from membership fee, and networking.
- A score of 4.84 said they were most likely to renew their membership while 4.5 said they would attend an upcoming NEHES event.
- The most preferred method of communication was email followed in order by the online and printed newsletter.
- The comments section of the survey received a wide range of recommendations from considering larger facilities for the Spring Seminar to offering more networking opportunities through the year. Others suggested improvements in online registration links, more updating of the NEHES website and more coordination and support between NEHES and state chapters.

Williams noted that the survey results will be closely tracked to see where improvements are needed in the coming year.

Registrations Online-Work To Be Done

Currently, if you want to become a NEHES member as well as a member of each of the healthcare engineering state chapters, you will have to find an application for each organization to sign up. Some will allow you to register online while others required a hard copy to be mailed.

You’ll be please to know that NEHES is looking into the prospect of having one link for all registrations.

According to NEHES President, Paul Cantrell, there are business logistics to work out in terms of having one registration site for seven different organizations. Each chapter is its own business entity and there will need to be a clear way to sort out payments and applications as well as an online accounting system to coordinate the effort. This will take some time, but we feel it is an issue that we have heard and will pursue.

Member Forums On the Road

Paul Cantrell, NEHES President, Michael Walsh, Supporting Member Liaison, Anand Seth, Newsletter Chair, and Jack Gosselin of the NEHES Administrative Office, attended the breakfast meeting of the Rhode Island Healthcare Engineers’ Society in Providence. Later in the day, a similar meeting was held with the Connecticut Healthcare Engineers’ Society in Hartford with Michele Deane attending from the Admin. Office.

At both meetings, Cantrell presented introduction to the role of the NEHES Board. He thanked Supporting Members for their outstanding contributions to NEHES. Walsh explained that the input from Supporting Members has resulted in many positive changes for NEHES. This meeting was a recap of suggestions and new ideas were explored.

The 2nd Annual NEHES Motorcycle Tour

Mark your calendars for Saturday, July 18 for a motorcycle tour through New Hampshire and Maine with your fellow NEHES members and their guests.

Tentative schedule:
- Leave and Return to No. Conway, NH
- Cross into Maine to Height of Land in Rangeley, Maine
- Visit The Causeway in Naples, ME overlooking Long Lake, possible lunch location
- Return trip to have Mt. Washington Auto Road as option for those wishing to drive to the top.

We are looking at arranging AAA lodging discounts for guests. Some guests might enjoy overnight lodging on Friday and Saturday to make a weekend of the event.

This is open to all NEHES members and their guests. Watch for more details soon at www.nehes.org and on the NEHES Facebook and LinkedIn site.
Your Impact on HCAHPS Scores

Lynn Kenney, Senior Analyst, Advocacy Team, ASHE, Chicago, IL

Lynn Kenney was an engaging co-presenter at the NEHES Spring Seminar where she talked about How Proper Fire Protection System Design Can Improve Patient Experience and HCAHPS.

Now you can get her publication titled, HCAHPS Scores, the Patient Experience, and the Affordable Care Act from the Facility Perspective.

An increasing amount of evidence and patient testimony is demonstrating the positive impact the healing environment can have on patient outcomes and HCAHPS scores.

Along with other factors that influence the healing environment, the physical environment and the role of the facility manager and the facility staff have an impact on the patient experience and HCAHPS scores.

This monograph provides an introduction to the terminology, research, and resources needed to understand the HCAHPS program and an overview of improvements some health care organizations across the country have implemented to improve patient satisfaction.

To purchase Lynn’s book, go to>>

Energy to Care Gaining Traction

Follow these three steps to participate in Energy to Care and take advantage of your complimentary Energy to Care Dashboard:

- Enroll to participate in Energy to Care. [Enroll]
- Benchmark your data in Portfolio Manager®. [How-to | Video]
- Share your Portfolio Manager data with ASHE and BuildingOS. [How-to | Video]

For general info >>

Three Tips to Make Healthcare Leasing a Little Easier

An excerpt on the full article by Brooks R. Smith / Special to Healthcare Facilities Today

Whether it’s putting the Affordable Care Act into context, weighing the merits of nontraditional property leases or complying with regulations, facility planners have their work cut out for them when tackling a new lease or revisiting an old one. Here are three tips to help make the job a little easier.

1. Understand the Affordable Care Act- Some of the changes resulting from the 2010 Patient Protection and Affordable Care Act (ACA) have a direct impact on leasing activities. Because the ACA remains relatively new, it continues to raise a number of issues for healthcare facility planners that can be difficult to grasp and fully understand.

   From a leasing standpoint, this suggests potentially larger leases and perhaps some significant turnover. Healthcare facility managers may also face space issues if constrained to existing hospital campuses.

2. Lease Nontraditional Spaces

   The phrase “location, location, location” is just as true today as it was 20 years ago. As healthcare consumers become more plentiful and focused on convenience, healthcare facility managers must seek out new or alternative submarkets and leasing options.

   These options include everything from leasing space in retail centers and standalone single tenant buildings to subleasing space at the local grocery store or pharmacy. But healthcare facility managers will run into some curveballs when expanding beyond traditional hospital campuses.

   For example, use restrictions and exclusivity provisions are common in the healthcare arena, whether a single physician is restricted in his or her activities within the leased premises or a large physician group requires an exclusivity provision as a requirement of their leasing any particular space. Similar restrictions may apply in retail settings.

   When drafting a healthcare lease with these restrictions and exclusions in mind, healthcare facility managers need to be a bit of a fortune teller — to see into the future and determine what uses consistent with the practice currently being used are not too restrictive, but would not be competitive with future activities of the space.

3. Comply with Law and Regulations: HIPAA, Stark Law and Anti Kickback Statute

   Security experts are calling 2015 “The Year of the Healthcare Hack,” and if the recent Anthem database breach of 80 million records is the precedent, we’re in for a year of patient privacy violations.

   But, one thing that healthcare facility planners need to remember is that HIPAA covers physical space as well as cyberspace.

   The confidentiality of patient records needs to be top of mind when negotiating facility leases. For example, many leases provide maintenance and janitorial personnel relatively free access to office space after hours, and the landlord often has access to the space as well. These individuals typically have no obligations under HIPAA, and it’s the responsibility of the tenant to implement reasonable safeguards to prevent intentional and unintentional disclosures of health information from parties such as these.

   Does your lease have an addendum — essentially a confidentiality provision — that takes into consideration these potential liabilities of your physical space?

   Although there are circumstances in which only one of the two statutes applies, in general, leases by a hospital to a physician tenant generally must comply with both statutes. Leases outside medical campuses may or may not trigger compliance issues, depending on the ownership structure of the non-medical landlord.

   Either way, Stark and Anti-Kickback can turn leasing mistakes into potentially substantial criminal and civil penalties. They are regulations that healthcare facility managers really need to get to know before diving into a new leasing agreement.

   Full article at >>>
Employees Power Sustainability Efforts

Sustainability often begins with passionate employees. "Health care is full of passionate people. The place is teeming with individuals who want to do this work," said Janet Howard, director of facility engagement at Practice Greenhealth, a nonprofit membership organization. At the beginning of her career, when Howard was conducting hospital waste audits, she was struck by the fact that no matter which unit she was in or what care was being delivered, “Everybody, from waste handlers to food service people, nurses and surgeons — they all had opinions about what we could do to improve our environmental performance.”

Here are a few ideas to champion sustainability among employees

- **Sustainability certification program:** A novel training program on health care sustainability is customized for hospitals' frontline leaders.
- **“Eat real food” photo contest:** Employees sent in photos that illustrated how they were incorporating real, unprocessed, locally grown food into their lives. Winners were recognized on National Food Day.
- **Earth Day celebrations:** Various annual celebrations, including large employee fairs, are hosted across the systems.
- **Sustainability pledge:** Available to employees and community members, those who take the interactive and educational pledge show their commitment to becoming more environmentally, socially and economically responsible both at work and at home.
- **Green health heroes:** Peer-nominated employees who take leadership roles in helping to advance environmental responsibility, promote health and wellness, and save money.
- **Zero-waste annual sustainability celebration:** An annual, system-wide, sustainability celebration commemorates employee accomplishments.
- **Sustainability vignettes:** A series of short online video vignettes illustrates sustainability efforts taking place across the system.

- **Employee Intranet website:** A Greening intranet site offers employee-specific information about all sustainability initiatives and current events, and includes useful resources. [Go to full article>>]

Don't LOL When Texting

*By Mark Pelletier, R.N., M.S.*

**Chief Operating Officer**

**The Joint Commission**

I smh when TXTing & health care r brought up.

For those who don't understand texting shorthand (which includes me), the above sentence translates to: “I shake my head when texting and health care are brought up.”

There’s a reason The Joint Commission doesn’t have an accreditation standard related to texting, and the above is a big part of it. Using regular Smartphone texting is simply too unreliable for patient care and safety in most cases.

While using text messages to confirm appointments may be relatively harmless, other texting uses can delay or confuse attempts at patient care or require staff to have to verify meanings of texts or abbreviations in order to make sure instructions are carried out correctly. Having staff ensure that they have a correct and current phone number of other colleagues and on every conceivable shift is an ongoing verification issue and a waste of time. There’s also the issue of not knowing if someone has received a text and if they’ve not responded because they’re not in receipt of the text, are in a critical situation or just have yet to respond.

Health care requires messages be tracked, opened and responded to in order for it to function. Step 1 may not be a problem with texting, but steps 2 and 3 would be hard to do effectively on a continuous basis with standard Smartphone texting.

If the confusion and communication problems were not enough, add the Protected Health Information (PHI) issues that abound with texting. A patient’s status, test results or identification issues are hard to disguise in quick communications, and the possibility of a phone ending up in the hands of someone who should not see the PHI is possible and a sticky situation for health care providers.

With all of that said, there are a few Smartphone apps that are specifically designed for urgent or critical communications, and those applications provide very narrow, select messaging so that communications, instructions etc., don’t get mixed in with every day, non-critical or non-work related text messages. These are a different animal than regular Smartphone texting and may work in some situations, most likely in specialized health care applications.

Texting is great, and has helped us communicate more quickly in many ways. But for medical care, it’s just not what the doctor ordered.

Adopting A Safety Culture

Although recent strides in improving patient safety in hospitals are a testament to healthcare’s capacity for large-scale change, providers continue to face important hurdles. Much of the work that still needs to be done revolves around developing a robust safety culture in hospitals.

“There has been a lot of focus on improvement processes and technology in healthcare, and those are all well and good, but culture is the No. 1 system contributor to safety,” says Steve Kreiser, a former U.S. Navy fighter pilot and a senior consultant with Healthcare Performance Improvement, Virginia Beach, Va., which specializes in performance improvement using methods from high-risk industries.

Creation of a high-reliability safety culture “is probably the most challenging work that a healthcare organization has to do,” says Ana Pujols McKee, MD, executive vice president and CMO for The Joint Commission. And as with any other fundamental change in healthcare, the hard work of accelerating development of a safety culture begins with senior leadership: “Without concerted and ongoing efforts by senior leaders to exemplify and cultivate that culture, the organization cannot change,” McKee says. [For full article>>]
**Customer Value Assessment—Assess the Surveyors**

Have you ever completed a Customer Value Assessment (CVA) for The Joint Commission?

The CVA is a two-part survey: the first part is completed after the E-App for a survey (electronic application) is submitted; the second part is completed after the on-site survey takes place.

Feedback from the first part of the CVA helps to prepare the survey team so they know what is important to an organization and provides a more customized on-site survey experience.

Feedback from the second part is used to understand how well The Joint Commission met the organization’s expectations for their on-site survey.

Information gathered through the CVA helps The Joint Commission get a complete picture of the customer experience and highlights opportunities for improvement.

- **Who should complete the survey?**
  - The Primary Contact, Program Contact, or CEO.

- **Is this assessment required?**
  - No, the assessment is an optional activity to better help us understand what you expect from the onsite survey experience.

- **Will this assessment affect my accreditation or certification decision?**
  - No. The Customer Value Assessment will in no way impact the accreditation or certification decision awarded to an organization.

- **Is this assessment for all accreditation and certification programs?**
  - Yes. The Customer Value Assessment is now available for all accreditation and certification Programs.

The CVA is available on [The Joint Commission Connect extranet site](#). If you need assistance, you can call directly or at 630-792-3007.

**Hospitals Facing Drought Conditions. Excerpts from Modern Healthcare by Beth Kutscher**

California hospitals are reducing their nonessential water use as a severe drought stretches on and threatens much of the West.

Healthcare providers are exempt from many of the mandatory water restrictions, but the state’s largest health systems say they have a number of sustainability efforts in place to reduce their water and energy use.

Hospitals are particularly water-intensive businesses. According to data compiled by the U.S. Energy Information Administration, large U.S. hospitals used about 133 billion gallons of water in 2007. That was about 145,000 gallons per bed, roughly the same as the annual consumption of a four-person household.

Common measures that healthcare providers are taking include installing low-flow plumbing in restrooms, reducing how often they pressure-wash outdoor common areas and changing their landscaping to include more drought-resistant greenery.

“We look at climate change as a healthcare issue, and this is why we’ve made this commitment to renewable energy,” said Ramé Hemstreet, chief energy officer at Oakland-based Kaiser Permanente.

Kaiser, which operates 38 hospital campuses in California, Oregon and Hawaii, committed in February to shifting 50% of its power needs to renewable energy sources at a cost of $35 million per year.

“There’s an energy-water nexus,” Hemstreet said. “The more you can conserve one, the more you impact the other.”

Kaiser also has spent $15 million on water-reduction projects. This year the system cut its water use 10% from its 2013 baseline.

When Stanford Health Care commissioned a study of its water use, it found that 35% was used in bathrooms, 28% for industrial processes like medical vacuum pumps, and 16% in patient exam rooms, where doctors are washing their hands or using autoclave sterilizers. Moving to more sustainable steam sterilizers has helped save 10 million gallons of water per year, while upgrading its vacuum pumps has saved another 2 million.

Sutter Health in Sacramento has consolidated laundry services for its 25 hospitals into a single LEED-certified facility. It estimates that it’s saving 12 million gallons of water per year, or enough for 54,250 showers.

“I have confidence that in the US we’ll make sure that the taps don’t run dry,” Hemstreet said. “I think it would be an overreaction that we have to worry about hospitals running out of water.”

**The Promise of Permeable Pavement** from EPA’s Healthy Waters

Flooding results in economic costs, human health impacts, and environmental damage in its wake. A major factor in more frequent flooding events is the increasing cover of impervious surfaces, such as roadways, parking lots and rooftops. Since these hard surfaces do not allow storm water to naturally seep into the ground, most rainfall turns into runoff. With continuing development and growth, what options are available to minimize the effects of impervious surfaces?

A more sustainable solution is to replace or substitute conventional pavements with permeable pavements—a green infrastructure tool.

Permeable asphalt allows water to drain through it. Permeable pavements include pervious concrete, porous asphalt, and permeable interlocking pavers that mimic nature by capturing, infiltrating, treating, and/or storing rainwater where it falls.

EPA considers these materials a Best Management Practice (BMP) for the management of storm water runoff. Permeable pavements also provide multiple benefits beyond storm water management and reducing localized flooding: they also have the ability to improve water quality; reduce the “heat island” effect in urban areas; reduce roadway hazards like ponding water and icing; create green jobs; and can increase the livability and resiliency of communities and increase property values when used with other green infrastructure.

Learn how others are using permeable pavements as a solution>>
NEHES Newsletter/ Web Co-Chair

Anand Seth, PE, CEM, CPE finds:

- **FEMA 577, Design Guide for Improving Hospital Safety in Earthquakes, Floods, and High Winds: Providing Protection to People and Buildings** Suggested by Jason D’Antona from Thompson Consultants Inc. [To view>>]

- **VA Office of Construction & Facilities Management– Design Guides**
  While it is oriented to the "VA" the Design Guides are applicable to all healthcare. The functional diagrams show optimal adjacencies for the suite and the guide plates lay out every room. They may not be completely applicable to your facility but they are an excellent learning tool. [To view>>] Suggested by Anand Seth, PE, CEM, CPE.

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Events & Dates to Remember

- **July 12-15, 2015**  
  **ASHE Annual Conference and Technical Exhibition** Boston, MA

- **July 12, 2015**  
  **Certified Healthcare Facility Manager (CHFM) Exam Review Course** Boston, MA

- **July 13-14, 2015**  
  **Health Care Construction (HCC) Certificate Workshop** - Boston, MA

- **August 6, 2015**  
  **Twin State Seminar**  
  **Summertime Education by NH & VT**

- **September 27—30, 2015**  
  **NEHES Fall Conference**  
  Newport Marriott- Newport, Rhode Island  
  Organizers: Rhode Island Chapter Engineers Society —Chair: Jim Carroll

- **October 25-31, 2015**  
  **National Healthcare Facilities & Engineering Week**  
  This event recognizes the important role that facility managers and engineers play in ensuring a safe and functional environment for all patients, visitors and staff.

- For full list of ASHE Calendar of Events

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GOOD READS AND WEBSITES

Good Reads and Websites is provided as a service to NEHES members and does not constitute an endorsement by NEHES. These are sources that members have found helpful in their work.

- **NEHES Newsletter/Web Co-Chair**
  Anand Seth finds:

  - **FEMA 577, Design Guide for Improving Hospital Safety in Earthquakes, Floods, and High Winds: Providing Protection to People and Buildings** Suggested by Jason D’Antona from Thompson Consultants Inc. [To view>>]

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On the Move and Recognition

Got an item to submit? Send to michele@nehes.org

**Tom Gallagher** recently left his position at McLean Hospital to take a position at Beth Israel Deaconess in Boston, Massachusetts.

**Anand Seth** has retired from CannonDesign having previously served a 24 year career at Massachusetts General Hospital and Partners Health Care. He remains active as the Newsletter/ Website Co-Chair for the NEHES board and he continues to do consulting work. Contact him at anandseth004@gmail.com.

**York Hospital (Maine)** has been named the winner of the 2015 eco-Excellence Award for creating a recycling program that reaches beyond the office and includes all areas of the hospital. ecomaine is the nonprofit, recycling and waste-to-energy operation that serves 25 percent of the state’s population.

**Parkland Medical Center (Derry, NH)** Dana-Farber Cancer Institute (Boston, MA) and **Norwalk Hospital (Norwalk, CT)** are New England hospitals honored in the 2014 National WasteWise and Food Recovery Challenge Awards. [Food Recovery Challenge>>] [WasteWise>>]

**St Luke’s Hospital (New Bedford,MA) and Tobey Hospital (Wareham, MA)** have been recognized as 2014 Energy Star Certified hospitals. These two hospitals join 11 other hospitals in New England that have received this designation. [To learn more>>]