The 2015 NEHES Fall Conference lands in one of the most charming of New England settings in Newport, Rhode Island on September 28 to 30. As usual, the conference will bring learning opportunities and networking time with fellow NEHES members. The popular vendor area will be bustling with activity as you’ll get to know more about products and services of importance to the healthcare engineering profession.

Jim Carroll and the Rhode Island Healthcare Engineers’ Society, with assistance from the NEHES administrative team of Jack Gosselin and Michele Deane, have planned another dynamic and informative event to benefit the NEHES’ membership.

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.

New This Year:

NEHES 911
Here’s an opportunity for one-on-one consultation with a team of fellow NEHES experts who will offer their expertise, their advice, and their insights in a member to member private conversation.

Bring your specific questions on any of the following topic areas.
- Planning, Design, and Construction
- Transitioning into Consulting
- Real Estate
- Engineering
- Regulatory
- Collegial Relationships

Join us for this unique information sharing event.

NEHES JEOPARDY
Do you dare to challenge the Daily Double over drinks and snacks? This interactive session is formatted similarly to the famous 30 minute interactive answer and question television game. Participants will compete for prizes while answering questions in categories related to healthcare and a special category about Rhode Island history.

SUNRISE AND AFTER HOUR SESSIONS
These sessions will be related to soft skill development in areas such as communication, goal setting, change management, employee interaction and others. The sessions will be highly interactive and conversational. Sunrise takes place before the general sessions and After Hours gears up toward the end of the day.

NEHES Special Events:

The NEHES Annual Awards ceremony will be incorporated as part of part of the opening day events. Special awards will take place immediately as part of the morning session.

The NEHES Annual Meeting will highlight the achievements in the past year as well as a look to future goals for the Society. This year’s Annual Meeting will also review some proposed changes to the Society’s by-laws.

Overlooking the Bay—Take advantage of this time to network with friends and colleagues with views of Narragansett Bay overlooking the Newport Yacht Club. The Mooring is within walking distance of the Newport Marriott. This is a private event open only to NEHES Active and Supporting Members. Food and beverages will be served.

The Technical Exhibits—Meet over 65 individual business partners who provide goods and services to hospital engineers.

Keynote & Opening Day Presentations:

Holly Brenneise, AIA, NCARB, LEED AP, Associate Principal, Perkins Eastman
There is a massive movement in America to lower the cost of healthcare. The mechanism: Keep patients out of hospitals! Patient-centered Medical Homes, Accountable Care Organizations, and the Affordable Care Act all push patient care out of hospitals and into more cost-effective options. Ambulatory care is on the rise and there is no going back. This session will provide a progressive three-step process to keep your healthcare campus viable for years to come by capitalizing on Low-hanging Fruit, State of the House Planning, and Innovative Approaches necessitated by the move to lower cost healthcare.

Dave Dagenais, BS, CHSP, CHFM, FASHE, President of ASHE and a long time NEHES member.
On the opening day, Dagenais will provide timely info on what is happening in ASHE at the national level. On day two of the conference, Dagenais will give a presentation called, “Take Control of Your Destiny.” Here, he will share his thoughts on how to maintain a career in an ever changing healthcare environment. Dagenais is Director of Plant Operations and Security Safety Officer at Wentworth-Douglass Hospital in Dover, NH.
More Info on the NEHES Fall Conference in Newport, Rhode Island

Pre-Event Fun

GOLF OUTING
Sunday September 27
Register online: nehes.org
Participant: $125
Includes grilled lunch and soft drinks
Newport National
324 Mitchells Lane
Middletown, RI
Enjoy island breezes, ocean views, and a challenging course at the Newport National. The award-winning course, named #1 in Rhode Island by Golf Digest, has wide open terrain and will provide a fun day for all. Registration and grilled lunch will start at 11:30 AM
Shotgun Start: 12:30 PM
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. Golf awards and reception will be held during the NEHES opening reception at the Newport Marriott at 6:30 pm.

GUEST PROGRAM
September 28-29
Register online: nehes.org
Participant: $125
Come along and enjoy the best that Newport has to offer.
Tour gilded age mansions, enjoy a High Tea at the Hotel Viking and cruise Narragansett Bay on a beautiful 80 foot schooner. You will take pleasure in strolling the shopping districts and in-town museums; grab a friend and go explore! Lunch and full-day trolley passes are included.

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

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.

Newport, Rhode Island
A New England Adventure

Newport is home to spectacular coastal scenery, awe-inspiring architecture, and a thriving waterfront. Once a thriving colonial port city, much of Newport today exists for leisure. Touring the historic properties, celebrating regional sports, and taking in local cuisine are popular diversions.

The official conference location is the Newport Marriott, 25 America’s Cup Ave., Newport, RI 02840. The hotel can be reached at 401.849.1000 and reservations can be made online after registering for the conference at www.nehes.org

The hotel books quickly, especially for three night stays during the conference. (There is more availability for one night or two night stays.) If you need to find other accommodations, click on the Chamber of Commerce icon below.

Conference At A Glance
Sunday, September 27
11:30 AM—Golf Outing
4:00 PM—Conference Registration Opens
6:30 – 8:00 PM Cocktail Reception
Dinner on Own

Monday, September 28
6:30 – 7:30 AM Board Breakfast & Meeting
6:30 – 8:00 AM General Breakfast
8:00 AM Welcome and Awards
8:30-9:45 AM
Keynote – Moving, Remoting, Booming
10:00 –10:50 AM
The National Perspective: An ASHE Update
10:45-11:00 AM Morning Break
11:00 AM – 3:45 PM
Technical Exhibits -Meet over 65 individual business partners who provide goods and services to hospital engineers.
12:15 – 1:00 PM Lunch
1:00 – 3:00 PM NEHES 911
4:00 – 5:00 PM NEHES Jeopardy
6:00 PM – Gala Event at The Mooring
1 Sayers Wharf, Newport, RI

Tuesday, September 29
6:30-8:00 AM Past Presidents Breakfast
6:30 – 8:00 AM General Breakfast
7:00 – 7:45 AM Sunrise Session
Level Setting
8:00 – 9:15 AM -Take Control of Your Destiny
9:25 – 10:40 AM Track 1
Energy, A Long Term Strategy
9:25 – 10:40 AM Track 2
Case Study: Best Practices for Cost Effective Life Safety Compliance
10:45 Morning Break
11:00 AM – 12:00 PM
Think Like a Business Person
12:00 AM – 1:00 PM Lunch
1:00 – 2:15 PM
Hospital Violent Intruder/Active Shooter
2:15 PM Afternoon Break
2:30 – 3:45 PM Track 1
Operations Best Practices: An Asset Protection Roadmap
3:00 PM NEHES 911
3:45 – 5:45 PM- NEHES Annual Meeting & Cocktail Hour
5:30 – 6:30 PM After Hours Session
Seeing Through the Lens of Change
Dinner on Own

Wednesday, September 30
6:30 – 8:00 AM General Breakfast
7:00 – 7:45 AM Sunrise Session
Engage Employee Minds
8:00 – 9:00 AM
Roundtable: The Future of the Engineering Role in New England
9:15 – 11:15 AM
Joint Commission Citations and Tips on Compliance, 2015
11:30 AM- Interactive Conference Feedback
It has been an incredible summer for NEHES! Many of the highlights took place at the ASHE Conference and Exhibition held in Boston, Massachusetts on July 12 to 15. Here’s a recap:

- The national ASHE Conference was held in the heart of Boston. The hotel accommodations were exquisite and the quality of the presentations was exceptional.
- NEHES kicked off the conference with a community service project where NEHES members and their wives along with ASHE Board members created hygiene kits and served meals for clients at the Pine Street Inn, a shelter for the homeless.
- The NEHES Board of Directors Executive team was able to participate in the Leadership Workshop. Valuable information was shared in this session.
- NEHES was the host chapter for the Boston event and we were well represented by the NEHES Administrative Director’s Office Staff at their booth display at the conference.
- The educational sessions were top notch, as usual, and carefully planned to cover the hottest topics circulating for CMS, TJC and DNV.
- Certainly a high point at the conference was the opportunity to see our very own NEHES member, Dave Dagenais host the event as the President of ASHE right here in his own backyard. How great was that?
- And for the ninth consecutive year, NEHES received the Platinum Award Affiliation for chapter leadership.

Between the annual ASHE show and the NEHES seminars and conferences, you have all the resources you need to perform your work and to be ready for the ever-changing requirements in healthcare engineering. Be sure to sign up for the NEHES Fall Conference to take advantage of more high quality learning opportunities.

On The Road Again—NEHES hosted a motorcycle ride with about 24 motorcycles starting in North Conway, NH and then traveling up through the White Mountains of New Hampshire, then through Errol leading to Rangeley, Maine and then back to North Conway.

The day started out raining and, in some areas, pouring! While some guests decided to cancel, we still ended up with 24 bikes and 35 people in total. Amazingly, it stopped raining just as we started out on the trip. What a great way for networking and fun with NEHES members and their guests. We hope to host a similar trip this fall through the Berkshires in Massachusetts. I hope to see you there.

On a personal front, I was fortunate to begin a new job this summer. It is kind of funny because it takes me back around the Boston area once again. Much like any of our members who have transitioned to another role or another job, you know it is a challenging time to make adjustments to your personal lives, to assume more responsibility, and to increase your knowledge about the ever-changing things happening in our industry. The number of departments may have become fewer but the number of hospitals may have grown.

For all of us, there is an urgent need to stay on top of the regulatory issues and to take steps to prevent serious events at your facilities. You need to know what is happening in healthcare, what changes are coming down the road and, especially, to get a pulse of what is going on in the CMS world. And there is no better preparation for these tasks than to be a NEHES member and to attend our educational events.

I urge you also to extend the NEHES experience to your staff as well. The opportunity allows them to grow in their profession and to gain knowledge and confidence in what they are doing. They will thank you for the NEHES experience.

See you all in Newport, Rhode Island!
NEHES member, Jona Roberts serves as host to the Twin State Seminar on the 225 acre complex at Dartmouth-Hitchcock Medical Center in Lebanon, NH.

Dave Dagenais, ASHE President and long time NEHES member, always adds a bit of humor into the serious discussion of surviving an accreditation visit.

While the NH and Vermont chapters put the Twin State event together, NEHES offers the event free to members.

Food and friendship is always a part of the Twin State Seminar. Break out time is an opportunity to reconnect.

Dr. George Blike, Chief Quality and Value Officer at Dartmouth-Hitchcock presented on “Quality, Safety and Value” in our hospitals.

(At left) Stephen Deschenes from Nalco discusses issues centering on Legionnaire’s disease and water issues in healthcare settings. (Below) Ralph Beaudry of Schneider Electric presented on the open wireless technologies that will create new opportunities in healthcare engineering.

While the NH and Vermont chapters put the Twin State event together, NEHES offers the event free to members.

Jona Roberts and Anne Kroger take a moment to draw tickets for prizes donated by NEHES Supporting Members.

NEHES members give their full attention to a series of presentations. Laptops and tablets are the note taking devices of today as the Q & A sessions were in full gear.

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.
Playing Host—While the ASHE Conference landed in Boston in July, much of the conference success should be chalked up to NEHES, the host chapter to the nation. The event also starred our very own member, Dave Dagenais, in the national spotlight as ASHE President this year. Whether hosting the ASHE Board of Directors to a Duck Boat Tour (at left above) coordinating communications with ASHE Staff, Deanna Martin (at center above) or kicking off the event for hundreds in attendance (at right above) Dagenais, did New England proud.

Awardees - Dana Swenson (at left) and Paul Cantrell chat at the NEHES booth at the ASHE event. Swenson received SASHE honors while Cantrell was named the Emerging Leader for Region 1.

Busy at Breakfast (At left) NEHES members, Wes Pooler, Peter Girard, and Alison Brisson shared a moment together before the start of the ASHE Conference. With the national conference being held in Boston, it was a great opportunity for NEHES members to attend a national event.

Out for a Spin—NEHES Treasurer, Alison Brisson, took over the driver’s seat during the Duck Boat Tour in Boston. The tour was one of the highlights before the conference. During the event, guests were treated to a tour of Fenway Park.

Info Please—With a prime location in the hallway outside of the breakout rooms, the NEHES booth saw lots of activity during the conference. Attendees looked to NEHES for chapter information as well as directions to ASHE Conference sessions. Some even asked for weather reports for their stay in Boston. We are pleased to say that it was picture perfect for their time in New England.

NEHES Community Service—NEHES members and guests volunteered to help out at the Pine Street Inn homeless shelter in Boston. Helping to serve the pancakes are NEHES member wives, Lisa Dagenais and Denise Lydon.

Vendors at ASHE—NEHES Supporting Member, AKF, was one of six who had vendor space in the busy Exhibit Hall in Boston.
NEHES has earned the Platinum Level of Affiliation, the highest designation that can be attained by an ASHE Chapter, for the ninth year in a row. The award was officially presented at the recent ASHE Annual Conference this summer in Boston, MA.

How, exactly, does a chapter earn the Platinum certification? There are very specific requirements that a chapter must have to earn this prestigious level. Here are some of the highlights:

**Dual Membership**: The chapter must maintain 25 percent or achieve a five percent increase from previous year dual membership. These are individuals that hold both active chapter membership and ASHE national membership. The percentage must include all members of the chapter. This is one reason why we always encourage ASHE membership.

**Chapter Leadership ASHE Membership**: All chapter officers with voting privileges, including an individual from your chapter identified to serve as liaison for local advocacy and the ASHE advocacy liaison, must maintain active membership in ASHE.

**Chapter Leadership Forum**: At least three chapter members, two of whom are chapter officers, will attend the annual Chapter Leadership Forum.

**Education Programming**: Offer a minimum of 24 contact hours of annual chapter educational programming. Exhibits, social events, board meetings, lunch, etc.do not count toward total hours.

**Chapter Communication**: Distribute a minimum of 12 communications to chapter members. Communications to include:
- At least four newsletters per year.
- The redistribution of all ASHE advocacy alerts, regulatory advisories, and data requests to all non-ASHE members of the chapter.
- At least one communication to all non-ASHE members of the chapter concerning the benefits and value of ASHE membership.
- Promotion of the ASHE Annual Conference and the Planning, Design, & Construction Summit (PDC).
- The display of ASHE promotional materials at chapter meetings.

**Regional Leader**: Submit one Emerging Regional Leader Award application by March 1.

**Website**: Maintain an active and up-to-date website:
- Provide ASHE with the chapter’s URL and link ASHE’s URL to the chapter’s website.
- To avoid scheduling conflicts among ASHE and other chapters, post dates of planned educational offerings for the upcoming year on the chapter website by Nov.15 each year.
- The chapter website must reflect the current officers within 30 days of an election.

**Chapter Officer Information**
- Within 30 days of the chapter election, submit a list of current officers to the ASHE chapter staff member.
- If there is a change in the chapter’s officers, contact the ASHE chapter staff member within 30 days of the change. ASHE maintains the officer and chapter contact information as a resource for inquiries and referrals.

**Annual Report**: Provide an annual chapter report that includes the following:
- Annual planning goals and objectives for the reporting year.
- A set of bylaws for the chapter. Note: Bylaws must be in compliance with ASHE bylaws. (See Appendix A.)
- An operating budget for the reporting year.
- An annual election date.

In 2016, ASHE is introducing a new option for chapters that participate in the Chapter Levels of Affiliation Award program. Elite status will be granted to chapters that are actively involved with Energy to Care, ASHE’s energy benchmarking and awards program that encourages facilities to reduce operational costs through energy savings.

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**Join ASHE Today**

If you are dedicated to your healthcare engineering profession, there is no doubt that you should be a member of ASHE.

The American Society for Healthcare Engineering (ASHE) is one of the largest associations devoted to optimizing the healthcare built environment and is a personal membership organization of the American Hospital Association.

Joining ASHE provides you with access to a robust network of trusted resources to further enhance your experience as professional working in healthcare.

When you join ASHE, you gain access to a robust network of 11,000+ professionals who are passionate about delivering safe and effective patient care environments. Plus, you will have access to several trusted resources to further enhance your experience as a professional working in healthcare.

Professional Active Members (PAM), those directly employed by healthcare institutions (i.e., an organization that provides direct patient care), can join for $125.

There are other categories for associate members ($175), retired ($50), educator and student members ($25).

Think about it. For much less than the cost of a cup of coffee—35 cents a day—you can become part of one of the most prestigious professional associations in the US.

You can easily join ASHE online. Do it today. [ASHE Membership](#)
This year’s theme for National Healthcare Facilities and Engineering Week is “Healthcare’s Behind-the-Scenes Heroes.” The dates are October 25 to 31, 2015.

You and your staff are important members of the health care team – your department keeps your facility operational, safe, and efficient. Because of all you do, there is power; running water; and a clean, comfortable, and safe healing environment for all who walk through your doors.

What you may think is ordinary is truly extraordinary. Without you and your staff’s efforts, the doors of your facility would not be open.

Take advantage of the time to recognize your profession in meaningful ways. Consider some of the following:

- 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.

- 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.

- Include information in your hospital newsletter and on the website about the celebration. Talk to your PR departments to see what they can do.

- This year, Halloween takes place during the celebration week. Give out Halloween treats to all employees who visit your department. Consider giving out stickers that say, “Healthcare Engineers Keep Us Running.”

- 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.

- Hang posters to bring attention to your “Behind The Scenes Heroes.” You can even purchase a banner to proudly display in your areas.

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State Chapter Officers—Promoting the Healthcare Engineering Profession

**Connecticut**

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

**Maine**

President:
Chris Henderson, Facilities Operations Manager, Acadia Hospital, Bangor, ME chenderson@cmhc.org

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

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

Chapter Representative:
Dan Bickford, Director of Engineering Central Maine Medical Center, Lewiston, bickfoda@cmhc.org

**Massachusetts**

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

**New Hampshire**

President: Tim Bishop, Director of Facilities, Riverwoods at Exeter – tbishop@riverwoodsre.org

Vice President: Greg D’Heilly, Maintenance Operations Supervisor, Dartmouth Hitchcock Manchester, Greg-ory.E.DHeilly@hitchcock.org

Secretary: Marc Tetreau, mtetreau@crothall.com

Treasurer: Marcel Alis, Supervisor of Engineering, Monadnock Community Hospital – marcel.alis@mchmail.org

NEHES Rep: Peter Girard, Facilities Director- Dartmouth-Hitchcock Concord, NH Peter.R.Girard@hitchcock.org

**Rhode Island**

President: Charles Brown, South County Hospital, Wakefield, RI cbrown@schospital.com

Vice-President: James Carroll, Director of Facilities, Butler Hospital jcarroll@butler.org

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

Secretary: Kimberly Silvestri, Director, Facility Development and Project Management, Care New England ksilves-tri@wihi.org

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

**Vermont**

President and Chapter Rep: Mark Blanchard, CHFM, Engineering Director, Springfield Medical Care Systems, mblanchard@springfieldhospital.org

Vice-President: Erik Lahr, Supervisor of Facilities Management and Environmental Services, University of Vermont Medical Center- Fanny Allen Erik.Lahr@uvmhealth.org

Secretary/Treasurer: Robert Prohaska, Director of Plant Services, Brattleboro Memorial Hospital, rprohaska@bmlhvt.org
Alternate Equipment Maintenance Risk Assessment

What You Need To Know

By David Stymiest, PE
CHFM CHSP FASHE,

The excerpted portion below is from part of the author’s ASHE white paper entitled “ALTERNATE EQUIPMENT MANAGEMENT (AEM) PROGRAM COMPLIANCE” presented at the 52nd ASHE annual conference, July 2015, Boston, MA. Copyright ©2015 ASHE, contact ASHE at www.ashe.org for reprint restrictions and permissions. Email the author directly at DStymiest@ssr-inc.com for an individual copy of the author’s entire ASHE white paper.

AEM Risk Assessments

The CMS December 20, 2013 Survey & Certification Letter S&C:14-07-Hospital (entitled Hospital Equipment Maintenance Requirements) states “In determining whether or not it is safe to include equipment in the AEM program, the hospital must take into account the typical health and safety risks associated with the equipment’s use. A hospital is expected to identify any equipment in its AEM program which is “critical equipment,” i.e., biomedical or physical plant equipment for which there is a risk of serious injury or death to a patient or staff person should the equipment fail. The guidance in Appendix A discusses the types of factors to be considered when hospitals make these determinations. Generally, multiple factors must be considered, since different types of equipment present different combinations of severity of potential harm and likelihood of failure. Note that the risk may vary for the same type of equipment, depending on the patient care setting within the hospital where it is used.”

Whether equipment is critical (TJC high-risk) equipment is one of the tests. It may even be the most important factor to consider, but it is not the only factor. Within The State Operations Manual, Appendix A – Survey Protocol, Regulations and Interpretive Guidelines for Hospitals, A-0724 (Rev.); Interpretive Guidelines §482.41(c)(2), CMS states “Factors for a hospital to consider when evaluating the risks associated with a particular type of equipment include, but are not limited to:

- How the equipment is used and the likely consequences of equipment failure or malfunction – would failure or malfunction of the equipment hospital-wide or in a particular setting be likely to cause harm to a patient or a staff person?”
  - “How serious is the harm likely to be?”
  - “How widespread is the harm likely to be?”

- “Information, if available, on the manufacturer’s equipment maintenance recommendations, including the rationale for the manufacturer’s recommendations”

- “Maintenance requirements of the equipment:
  - * Are they simple or complex?
  - * Are the manufacturer’s instructions and procedures available in the hospital, and if so can the hospital explain how and why it is modifying the manufacturer’s instructions?
  - * If the manufacturer’s instructions are not available in the hospital, how does the hospital assess whether the AEM uses appropriate maintenance strategies?
  - * How readily can the hospital validate the effectiveness of AEM methods for particular equipment? For example, can the hospital explain how it ensures there is no reduction in the quality of the performance of biomedical equipment subjected to alternate maintenance methods?”

- “The timely availability of alternate devices or backup systems in the event of equipment failure or malfunction”

- “Incident history of identical or very similar equipment”

CMS also stated “Generally multiple factors must be considered, since different types of equipment present different combinations of severity of potential harm and likelihood of failure. The hospital is expected to be able to demonstrate to a surveyor the factors it considered in its risk assessment for equipment placed in its AEM program.”

The TJC requirements are similar but not identical to the CMS requirements. TJC’s Standard EC.02.05.01, Element of Performance 6 requires that hospitals include the following topics within its criteria supporting the determination whether it is safe to permit operating components of utility systems to be maintained in an alternate manner. Note the author’s commentary included within these bullets:

- How the equipment is used, as well as the likely consequences of equipment failure or malfunction. For both factors hospitals are required to consider both the seriousness of harm and the prevalence of harm.
- Availability of alternative or back-up equipment – the author also recommends that hospitals consider the timeliness (speed) of this availability as well as the degree of operator involvement required to make it function properly.
- Incident history of identical or similar equipment
- Maintenance requirements of the equipment – this criterion sounds similar to a criterion used in past utility system risk assessments.

These risk assessment factors are generally not the same as the more commonly-used factors that hospitals have used either in past utility system or medical equipment risk assessments. Based upon all of the above, a new risk assessment framework is required to support AEM-inclusion decisions.

The author believes from the requirements stated and summarized above that a fully CMS-compliant AEM inclusion risk assessment will be TJC-compliant. However an AEM risk assessment limited to the content of TJC’s 2015 EC.02.05.01, EP-6 may not be determined by state agency surveyors conducting a validation survey to be fully CMS-compliant.
As a psychiatric hospital with 181 inpatient beds, more than 6,000 inpatient and residential admissions and 44,000 outpatient visits annually, spread across seven campuses throughout Massachusetts and Maine, McLean Hospital poses a unique set of construction challenges for Andrew Healy, Director of Facilities.

With the rapid pace of day-to-day clinical work and treatment taking place, few patients and visitors pay close attention to the details that Healy toils over for months while a hospital program is being constructed. Ensuring that every detail is attended to in order to make McLean programs comfortable, pleasing, and state of the art keeps Healy and his team awake at night.

Accepting its first patient on October 6, 1818, McLean Hospital is the oldest psychiatric hospital in New England and the fourth oldest in America. It was originally located in Charlestown, Massachusetts, but by the late 1800s, a quieter, less industrial setting was needed. The Boston suburb of Belmont would be the new location for the hospital. When the campus was developed, the hospital Trustees insisted on a planned series of "cottages" that resembled private residences surrounding a large administration building, rather than a standard institutional design. In 1895, McLean officially opened its new campus.

While many things have changed on the Belmont campus in the last 120 years, many of the original buildings are still in use and it is up to Healy and his team to keep them maintained, equipped with modern amenities and up to Joint Commission standards.

"We are faced with renovating and upgrading modern buildings, like those on our Camden, Maine and Middleborough, Massachusetts campuses, but we also are tasked with maintaining and renovating 100-year-old historic buildings, like those on our Belmont, Massachusetts campus," said Healy. "With such a wide range of needs, depending on which campus we are working on, projects that can initially appear simple can quickly become far more complicated than expected."

For example, said Healy, on the Belmont campus, which is the largest with more than 20 buildings and an intricate underground tunnel system, one of the biggest issues he faces with any project is space.

"Our hospital is continually looking at ways to expand its services to meet the needs of the community. Unfortunately, we don’t have the luxury of adding new buildings, so one of my tasks is to make all of the puzzle pieces fit without changing the footprint of the institution," said Healy. "An additional complicating factor is that we often have to perform our work without interrupting the day-to-day clinical care and research work."

One such project that required Healy’s keen project management skills and attention to detail was the expansion of the electroconvulsive therapy (ECT) service. When Healy was charged with taking on the ECT project, the program was in a critical need for more space.

"When they first started, ECT was located in the in the Admissions Building, which provided ample space for their needs. However, they were only doing about a quarter of the number of treatments they are doing now, so we made the decision to move them into a larger area across campus that we could renovate to specifically meet their needs," explained Healy.

The scope of the project, which began in June 2014 and concluded six months later, included full demolition and renovation of approximately 5,000 square feet of existing space. New mechanical, electrical, plumbing and fire protection systems were installed, including an upgrade of the existing emergency power system.

The renovations allowed for the ECT service to not only expand, but also to use two treatment rooms simultaneously. In addition, there are now expanded recovery areas and two pre-treatment rooms.

Healy noted that the ECT service was moved into its new space in December and, as a result of the renovations, lengthy wait times have been reduced. Healy, a native of Sligo, Ireland, who has overseen more than 80 major construction projects at McLean during his 40-year tenure, offers tips for a successful construction project:

- Plan for the inevitable delay or surprise. No project, no matter how simple, goes exactly as planned.
- Work with your constituents and listen to their needs. Just because it looks good on paper, doesn’t mean it will be functionally sound once hospital operations begin.
- Make sure your contractors fully understand the scope of the project and work together to resolve differences in a collegial and fair manner.
- Communication, communication, communication. Make sure you work closely with your hospital’s communications department to disseminate regular construction updates to the hospital community.
- Respect patient needs. At McLean, we work with patients, including military veterans, who have severe anxiety disorders, as well as post-traumatic stress disorder. During construction, we are often blasting and causing startling noises. My teams work closely with clinical staff to time the more disruptive elements of construction so that our patients are less likely to be disturbed.
- Remember that although you work on building projects, the work you do has a direct impact on patient, families, visitors and colleagues. "From the moment we are asked to renovate a building or an area for clinical, research or educational use, our number one priority is always to create the best environment possible for McLean patients, their families and the hospital staff," said Healy. "The work of the Facilities team plays a major role in helping the hospital achieve its mission. That is something I am very proud of."
NEHES 2015 Proposed By Law Changes Set for Annual Meeting

- **Amendment #1 - Article IV Section 4-4**
  
  **What will change:** The word “directly” would be removed from this section.
  
  **If passed:** This amendment will allow contract employees that are employed by healthcare related facilities and meet all the requirements of active membership to become active members.
  
  **If not passed:** Active membership will remain only for engineers who are directly employed by a healthcare organization.

- **Section 4-4: Active Membership:**
  
  Active Membership in the Society shall be available to those individuals who are directly employed in or by healthcare-related facilities (those that provide patient care), and who have direct responsibility in healthcare facility operations (e.g., facilities management, plant engineering, planning/design/construction, security, safety, clinical engineering, environmental services, telecommunications, and emergency management). Active Members may vote, hold office, and serve on committees. At the discretion of the Board of Directors, any Active Member whose circumstances change so that they no longer meet the criterion for active membership may be allowed to continue their membership status for the remainder of the current dues period and/or term of office.

- **Amendment #2 - Article IV Section 4-7**
  
  **What will change:** The sentence “With the exception of the Supporting Member Liaison” will be added to this section.
  
  **If passed:** The amendment will provide voting member privileges to the Supporting Member Liaison.
  
  **If not passed:** Supporting members may not vote or be members of the Board of Directors.

- **Section 4-7: Supporting Membership:**
  
  Supporting membership is available to manufacturers, vendors, contractors, distributors, service providers, architects, engineers, and others who interact with Society members as part of their businesses and professions by payment of dues at the Supporting Member’s rate. **With the exception of the Supporting Member Liaison,** Supporting Members may not vote or be members of the Board of Directors.

- **Amendment #3 - Article V Section 5-24**
  
  **What will change:** The word “signed” will become “approved.”
  
  **If passed:** Checks can be signed with approval by one of the Society’s elected officers. Checks can be processed more efficiently by getting an officer’s approval and not waiting for an officer’s signature.
  
  **If not passed:** An officer’s signature will still be needed for check processing.

- **Section 5-24:** Checks of the Society shall not be valid unless they are (signed) approved by one of the Society’s elected officers. Elected officers are the President, President-Elect, Secretary and Treasurer. The Treasurer shall operate within a budget that is approved by the Board of Directors. Disbursements over $10,000 will require the signature of two.

- **Amendment #4 - Article V Section 5-9**
  
  **What will change:** Editor of the Newsletter becomes Chairperson(s) of the Newsletter and Website

  Section 5-9: All minutes of general and Board of Directors meetings shall be copied and distributed by the Secretary to all members of the Board of Directors, and particularly to the **(Editor of the Newsletter) Chairperson(s) of the Newsletter and Website** for inclusion of highlights in the Newsletter for Society members at large.

- **Amendment #5 - Article VI Section 6-1**
  
  **What will change:** Editor of the Newsletter becomes Chairperson(s) of the Newsletter and Website.
  
  **What will change:** This amendment will provide voting privileges to the Supporting Member Liaison

  Section 6-1: The Board of Directors of the Society shall consist of all of the Society’s selected officers (the President, President-Elect, Secretary and Treasurer), the Chapter Representatives or Alternates from each of the Society’s recognized chapters, the Chairpersons of all standing and special committees, the Liaisons, and the **(Editor of the Newsletter) Chairpersons of the Newsletter and Website. With the exception of the Supporting Member Liaison all Board Members and Alternates must be active members or honorary members of the Society (and therefore meet all of the Society’s eligibility requirements for active or honorary membership).**

- **Amendment #5 - Article XII Section 12-2**
  
  **What will change:** Editor of the Newsletter becomes Chairperson(s) of the Newsletter and Website

  Section 12-2: **The Chairperson(s) of the Newsletter and Website shall be appointed by the President and shall attend all Board of Directors meetings. The Chairperson(s) of the Newsletter and Website shall work closely with Chapter Representatives and Committee Chairpersons to publish pertinent information and activities for the general membership.**

  **Note:** This amendment updates the Editors of the Newsletter and Website positions.
By Ed Lydon, SASHE, CHFM

I support the move to allow Active Membership to engineers who are not directly working for a healthcare organization. NEHES is a much different organization than it was when founded 57 years ago. At that time, the Active Membership category made sense. Engineers were employed “directly” by healthcare facilities; that was the norm. Today’s environment is ever changing in the scope of the healthcare engineers profession. In recent decades, it is commonplace for engineers to work for contract management organizations hired by healthcare facilities to run their operations. Why should we deny that person Active Membership in our Society simply because they don’t work “directly” for a healthcare organization. In fact, in today’s world, those of us who are directly employed by an organization could easily find ourselves in a contract management position overnight.

I urge you to give careful consideration to the bylaw changes.

By John Crowley, SASHE, CHFM

I do not support the move to allow extending Active Membership to engineers, sales representatives, or others who are not directly employed by a healthcare organization. I ask, “Who best aligns with the needs of the core membership and core values of the healthcare engineering profession?” I believe it is the facility personnel working directly in a hospital involved with supporting patient care, and the needs of staff and visitors.

Supporting Members and their relationship with Active Members and the Society has served both us, and them, well. Supporting Members will continue to be a vital part of the Society and their contributions have played a major role in our growth.

When it comes to the needs of the Active Members, what is best lies in the system that is now in place for NEHES. We are an individual membership group and not a trade or sales organization.

I urge you to give careful consideration to the bylaw changes.

On the Move and Recognition

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

Paul Cantrell, CE, CPE, CHFM recently left his position at Concord Hospital and is now the Director of Plant Operations for Lahey Health located at Lahey Hospital in Burlington, MA.

Peter Girard is now Facilities Director for Dartmouth-Hitchcock in Concord, NH. He was formerly Director of Environmental Science / Maintenance at Granite Ledges in Concord.

Alison Brisson, CHFM, formerly at Wentworth-Douglass Hospital in Dover, NH, was recently named Sr. Regional Facilities Manager in Facilities Administration for Dartmouth-Hitchcock in Bedford, NH.

Mike Walsh, Supporting Member Liaison for NEHES, is now employed at Bond Brothers Construction in Everett, MA.

Larry Williams, CHFM, is now Director of Facilities Operations at the UMass Memorial Medical Center in Worcester, MA.

Ed Browne, CHFM, CHC, SASHE, FACHE, is now Vice President Support Services at Cambridge Health Alliance in Cambridge, MA. Browne was formerly with Cape Cod Healthcare in Hyannis.

Steve Cutter, CHFM, FASHE, Director of Engineering Services at Dartmouth-Hitchcock Medical Center in Lebanon, NH recently received his FASHE designation. The status recognizes one’s contribution to the field through one’s leadership, education and publishing.

Dana Swenson, PE, MBA, Senior Vice President and Chief Facilities Officer at UMass Memorial Healthcare received a double honor at the ASHE Conference in Boston. Swenson received his SASHE designation recognizing exceptional contributions to the healthcare engineering field. He also received the Vista Award for New Construction at Baystate Health in Springfield, MA for the “Hospital of the Future.”

Randy Hussey, CHFM, CPS will be retiring from Eastern Maine Medical Center on Sept. 4. He will become the Director of Construction Services at HM Machines LLC in Rochester, NH owned by his son, Andrew Hussey. For the next 18 months, he will work on constructing a 30,000 sq. ft industrial facility for the company. Randy will also do consulting work in the areas of healthcare facility management and life safety. He can be reached at 207-745-7773 and husser7@gmail.com.
OSHA Updates Key Hazards for Investigators During Healthcare Inspections

The U.S. Department of Labor’s Occupational Safety and Health Administration (OSHA) announced in June that it is expanding its use of enforcement resources in hospitals and nursing homes to focus on: musculoskeletal disorders (MSD) related to patient or resident handling, bloodborne pathogens, workplace violence, tuberculosis, and slips, trips and falls.

A staff memorandum issued by the agency on this date advises all such inspections, programmed and unprogrammed, to focus emphasis on these five focus hazards.

Per OSHA, U.S. hospitals recorded nearly 58,000 work-related injuries and/or illnesses in 2013—or 6.4 work-related injuries and/or illnesses for every 100 full-time employees — a rate nearly twice as high as the overall rate for private industry.

"Workers who take care of us when we are sick or hurt should not be at such high risk for injuries — that simply is not right," said Dr. David Michaels, OSHA's assistant secretary of labor. "Workers in hospitals, nursing homes and long-term care facilities have work injury and illness rates that are among the highest in the country, and virtually all of these injuries and illnesses are preventable. OSHA has provided employers with education, training and resource materials, and it's time for hospitals and the health care industry to make the changes necessary to protect their workers."

Under the OSHA Act of 1970, employers are responsible for providing safe and healthful workplaces for their employees. OSHA ensures those conditions by setting and enforcing standards, as well as providing training, education and assistance.

"The most recent statistics tell us that almost half of all reported injuries in the health care industry were attributed to overexertion and related tasks," Michaels added. "Nurses and nursing assistants each accounted for a substantial share of this total. There are feasible solutions for preventing these hazards, and now is the time for employers to implement them."

OSHA’s announcement follows the April 5, 2015 expiration of its three-year National Emphasis Program on Nursing and Residential Care Facilities, the results of which prompted the agency to continue its efforts to materially reduce or eliminate worker exposure hazards in residential care facilities.

EPA Finalizes Rule to Reduce Climate-Damaging HFCs

In July, the U.S. Environmental Protection Agency (EPA) finalized a rule to prohibit certain uses of chemicals that significantly contribute to climate change in favor of safer, more climate-friendly alternatives. This action responds to President Obama’s Climate Action Plan by reducing emissions of hydrofluorocarbons (HFCs), a class of potent greenhouse gases used in air-conditioning, refrigeration, and other equipment.

"Today’s action delivers on the President’s Climate Action Plan and the administration’s commitment to acting on climate. And it is in line with steps leading businesses are already taking to reduce and replace HFCs with safer, climate-friendly alternatives," said EPA Administrator Gina McCarthy. “This rule will not only reduce harmful greenhouse gas emissions, but also encourage greater use and development of the next generation of safer HFC alternatives.”

In the United States, HFC emissions are expected to nearly double by 2020 and triple by 2030. New technologies and new climate-friendly refrigerants can significantly reduce these emission increases. EPA estimates this final rule will reduce greenhouse gas emissions of 54 to 64 million metric tons of carbon dioxide equivalent in 2025, equal to the carbon dioxide emissions from the annual energy use of more than 5.8 million homes.

The HFCs and HFC-containing blends affected by today’s rule are used in aerosols, foam blowing, motor vehicle air conditioning, retail food refrigeration and vending machines. In many of the sectors addressed by today’s rulemaking, EPA is also approving several alternatives under its Significant New Alternatives Policy (SNAP) Program; the new options offer better climate protection without harming the ozone layer.

Under the authority of the Clean Air Act and EPA’s SNAP Program, EPA reviews alternatives on an ongoing basis and issues updates to the lists of acceptable and unacceptable substitutes. Today’s rule changes the status of certain high-global warming potential (GWP) HFCs that were previously listed as acceptable under the SNAP Program as unacceptable in specific end uses. These changes are based on information showing other alternatives are available for the same uses that pose lower risk overall to human health and the environment.

In developing and finalizing the rule, EPA received input from industry, environmental groups and others through workshops and meetings, and reviewed more than 7,000 public comments. Based on public comment on the proposal and additional information submitted to the agency, the agency’s final rule makes a number of changes from the proposal. These include giving manufacturers the time and flexibility they need to ensure a smooth transition to safer alternatives.

Learn more about EPA’s SNAP Program and the rule: http://www.epa.gov/ozone/snap/regulations.html.

Turning Down the Volume

Excerpts from FierceHealthcare

Complaints that hospital noise from monitors and paging systems interrupts patients’ sleep and can influence their blood pressure and heart rates has led one Michigan system to borrow a method used in music rooms to make the hospital quieter and improve patient care.

The University of Michigan Health System in Ann Arbor says it is experimenting with sound acoustic panels to help diffuse sound in patient hallways. Findings from its pilot study, published in BMJ Quality and Safety, indicate that the sound-absorbing panels led to a three to four sound decibel drop, similar with a fall in noise generated by a car slowing down from 80 mph to 60 mph.

In addition to the sound panels, the hospital is promoting a culture of quiet by providing complimentary ear buds and headphones to patients and families; setting quiet hours in all inpatient areas, setting pagers to vibrate when medically appropriate and providing a “white noise” television channel in patient rooms.

For full article>
Salaries Rise—Some Modestly, Others More

by Beth Burmahl, Suzanna Hoppszallern

Despite the slowly recovering economy and sea of health care policy changes implemented in recent years, salaries continue to rise for Health Facilities Management (HFM) readers—some modestly and others by more substantial margins.

While pay for facilities and construction managers has shown healthy increases since 2012, compensation for environmental services managers showed a big leap—a jump experts say could be tied to health care’s increasing focus on infection control and patient satisfaction and an overall increase in key job responsibilities.

Between 2012 and 2015, environmental services/housekeeping increased 8.0 percent to $74,632, while construction/project management rose 5.3 percent to an average $118,139, and facilities management/engineering increased by 3.4 percent to $98,950. These figures are based on a survey of management compensation conducted by HFM in cooperation with the American Society for Healthcare Engineering (ASHE) and the Association for the Healthcare Environment (AHE).

The average salary stretching across a variety of job categories encompassed by the survey has risen from $90,659 in 2012 to $95,873 in 2015—an increase of 5.8 percent over 3 years or 1.9 percent annually.

The online survey was conducted in March and April among health care organizations and members of ASHE and AHE. A total of 1,772 people responded, making for an overall margin of error of plus or minus 5 percent.

By contrast, the last HFM survey, which covered 2009 to 2012, showed that environmental services managers were at the bottom of the totem pole, averaging a 2 percent raise to $69,111, while construction managers’ salaries increased 7 percent to an average of $112,190 and facilities managers’ pay rose by 4 percent to $95,698.

The 2015 numbers may be tied in part to the dramatic changes many hospitals are undergoing on a number of fronts. More than a third of those surveyed work in organizations that have been involved in mergers and consolidations, which often means a reduction in directors/managers, leaving remaining staff to absorb those job duties. For environmental services managers, at least, the increasing workload seems to have translated into modest increases in salaries to compensate for the duty increase, says Patti Costello, executive director of AHE. "We hope this trend continues in an effort to retain the best environmental services leadership.”

"It appears some organizations are better compensating environmental services for assuming a larger role," Costello continues. "We are seeing managers taking on responsibilities for food service, transport, safety, security and many other areas directly linked to patient satisfaction, and many are also responsible for more than one campus.”

"However, it remains apparent environmental services still lags behind other disciplines when it comes to compensation," she adds. "With better reporting of environmental services metrics, we hope to see that change." One expert describes the environmental services surge as a “catching-up” period. "Environmental services is what facilities management was like 10 to 15 years ago," says Jack Gosselin, FASHE, CHFM, a former hospital facilities manager who runs a Mystic, Conn.-based recruiting firm. "Environmental services is playing a much bigger role with the patient experience, infection control and facility image …. Organizations are appreciating the value of good environmental leadership.”

Construction and facilities management increases are above the average rate of inflation and will continue to increase in tandem with the significant responsibility added to their roles, says Dale Woodin, senior executive director, ASHE. Performance metrics will become even more critical to salaries and bonuses, he adds.

"Performance metrics are an area where facilities managers can move the needle and really identify aggressive goals, share them with leadership and hit these goals," Woodin says.

"Our members have the dual responsibility of maintaining an optimal environment for patients and staff that meets all of the regulatory requirements, while also identifying opportunities to reduce their costs in an effort to better support patient care. This could be the reason we are seeing more hospitals recruit Certified Healthcare Facility Managers (CHFMs) to manage their facilities, which could be a driver of the modest 3.4 percent salary increase between 2012 and 2015,” adds Patrick Andrus, CAE, deputy executive director, operations, ASHE.

Hospitals continue to reward those professional certifications, including CHFM and Certified Healthcare Environmental Services Professional (CHESP), with higher salaries, the survey shows. Other trends include a significant “graying” of the facilities professional worker and a growing connection between bonuses and performance.

“The average salary stretching across a variety of job categories encompassed by the survey has risen from $90,659 in 2012 to $95,873 in 2015—an increase of 5.8% over 3 years or 1.9% annually.”
Joint Commission Updates

Tips for complying with Environment of Care standard EC.02.03.05, EPs 11-13

By George Mills, MBA, FASHE, CEM, CHFM, CHS, Director of Engineering, The Joint Commission (See George Mills, in person, at the 2015 NEHES Fall Conference.)

Below are tips for complying with Environment of Care standard EC.02.03.05 elements of performance (EPs) 11-13, which involve fire pumps, standpipe systems, and automatic fire-extinguishing systems in a kitchen (if these features exist within the building).

EP 11 – For automatic sprinkler systems: Every 12 months, the organization tests fire pumps under flow. The completion date of the tests is documented. Note: For more information, see NFPA 25, 1998 edition.

This test evaluates the fire pump, the electric motor or diesel engine, and its ability to deliver fire protection water at zero flow (minimum), 100 percent flow (100 percent of the pump’s rating), and 150 percent flow (peak). To do this, attach the flow testing device to a connector in the building so you can measure discharged water. If you use a bypass flow meter, remember to periodically calibrate the flow meter.

Next, evaluate the flow from the pump and the pump’s performance, including suction and discharge pressures. Check for proper operation of installed alarms and installed relief valves. If an electric motor is connected to emergency power, test the automatic transfer by a simulated normal electrical power loss while the pump is delivering peak output. If it’s a diesel engine, document speed and water, as well as oil temperature indicators and oil pressure, to ensure that it is operating correctly.

Make adjustments if deficiencies are identified. Compare results to previous tests to identify system degradation by using a performance (graphic) curve of pressure versus flow or review written data.

EP 12 – Every five years, the organization conducts water-flow tests for standpipe systems. The completion date of the tests is documented. Note: For more information, see NFPA 25, 1998 edition.

This EP pertains to the installed hose system, not to the fire sprinkler system. For a wet system (water is always in the pipe), verify that the water supply provides adequate design pressure and flow. For a dry system (water is released into the pipe until it’s needed), test the dry standpipe for leaks, and perform the floor test for design pressure and flow. Water discharge should be from the most hydraulically remote point (typically the rooftop) to properly validate design pressure and flow.

Large buildings have multiple zones with pressure-reducing valves that will require separate water discharging at the most hydraulically remote point for each zone.

EP 13 – Every six months, the organization inspects any automatic fire-extinguishing systems in a kitchen. The completion dates of the inspections are documented. Note: Discharge of the fire-extinguishing systems is not required. For more information, see NFPA 96, 1998 edition.

Organizations that have a cooking area or facility that produces grease-laden vapors, must have a commercial fire-extinguishing system that is either automatically triggered by fusible links or manually activated via a pull station. Either of these systems can immediately put out a cooking surface fire.

The system must be inspected twice a year, without discharging the single-use extinguishing media during the evaluation. This inspection confirms that, when activated, the system will shut off the natural gas or electric fuel source to the burner and trigger the building’s fire alarm system. The test also validates that hood fans operate as designed to efficiently remove smoke and exhaust. Check that overhead nozzles are pointed at the cook surface and clean any grease buildup on the overhead hood. Once a year, replace the fusible links and document this change.

National Patient Safety Foundation—Resources for Your Safety Efforts

The National Patient Safety Foundation’s Lucian Leape Institute offers a number of complimentary patient safety reports. The organization was responsible for the groundbreaking works, To Err Is Human: Building a Safer Health System and Crossing the Quality Chasm. NPSF reports include:


Safety Is Personal: Partnering with Patients and Families for the Safest Care (2014): Read what organizations and clinicians can do to advance engagement in health care.

For more articles and info on safety>>

Joint Commission, ASHE launch Physical Environment Portal

The Joint Commission and the American Society for Healthcare Engineering (ASHE) recently launched a new Physical Environment Portal to provide online resources and tools for hospitals to be compliant with the eight most challenging Joint Commission Life Safety (LS) and Environment of Care (EC) standards.

The portal is available to the public and includes resources for both facility managers and leadership. For Joint Commission-accredited organizations, there also is an enhanced feature that includes actual surveyor comments and other resources.

While the overall portal is primarily geared toward hospitals, several of the upcoming education modules and other information will be relevant to ambulatory surgery centers and other health care organizations.

The Joint Commission created this portal in response to customer needs, identified through 10 focus groups with customers and surveyors. As the national leader in patient safety and health care improvement, we felt it was very important that each module be readily available at no charge to anyone.

To view the portal>>
and improvement throughout life, and in diseases, higher levels of comorbidity severity and more rapid progression of earlier onset of some illnesses, greater black people in the United States have quality patient treatment recommendations, poorer there even when they don’t recognize that it’s diversity.

Studies and of sociology at Harvard University, of public health at the Harvard T. H. Chan School of Public Health and professor of African and African American studies and of sociology at Harvard University. They write that bias by clinicians — even when they don’t recognize that it’s there — has been linked with biased treatment recommendations, poorer quality patient-physician communications and lower ratings from patients on the quality of the medical encounter. In turn, black people in the United States have earlier onset of some illnesses, greater severity and more rapid progression of diseases, higher levels of comorbidity and impairment throughout life, and increased mortality rates. The authors note that similar patterns are evident for other racial groups, such as U.S.-born Latinos, Pacific Islanders and low-socioeconomic Asians.

Might your organization have a racial bias? See the complete article for info>>

Preventing Surgical Fires

An estimated 200 to 650 surgical fires — fires that occur in, on or around a patient who is undergoing a medical or surgical procedure — occur in the U.S. annually (ECRI 2009, 2012). These fires can cause serious injuries and can even be fatal.

To combat this issue, The Joint Commission has partnered with the U.S. Food and Drug Administration, the Council for Surgical & Perioperative Safety (CSPS) and dozens of other stakeholders in the Preventing Surgical Fires Initiative (PSFI), which aims to:

• Increase awareness of surgical fires
• Provide prevention tools
• Encourage risk reduction practices

For more information about PSFI, visit the Initiative’s website, which is hosted by CSPS.

Among the resources available are a presentation on “Preventing Surgical Fires and Burns in Healthcare Facilities” suitable for Grand Rounds presentations, as well as an online educational program on prevention and management of surgical fires by the Society of American Gastrointestinal and Endoscopic Surgeons. Its Fundamental Use of Surgical Energy (FUSE) program deals with operating room safety.

E-dition Provides Online Access to Joint Commission Standards and Requirements

Do you need round the clock access to TJC standards and requirements? Do you want the convenience of online access rather than having stacks of publications? Then sign up for the TJC E-dition.

- Get the information you need with quick-click navigation
- Easy searching and filtering by topic or chapter
- Set up your service profile to tailor views
- Automatic updates to keep current with standards and scoring
- The E-dition provides access to the same content in the Comprehensive Accreditation Manual from a Web site designed for even occasional users.

Please know that printed guides and manuals are still available from TJC, however, many are switching to the guides entirely online.

There are various license fees to consider for the online E-dition. For more info>>

Joint Commission Speakers Bureau

The Joint Commission Speakers Bureau offers qualified speakers on a variety of topics related to Joint Commission accreditation, performance measurement and quality improvement. To request a speaker, complete the Speaker Request Form.

The Joint Commission will make every effort to fill speaker requests with the most qualified individual. The request may be forwarded to Joint Commission Resources (JCR) based on the topic and length of presentation. JCR is an affiliate of The Joint Commission.

After a speaker has been confirmed, he or she will work directly with the requester to develop a presentation targeted to the particular audience.

For us to match the best speaker with the program, we recommend that you contact The Joint Commission as early as possible — at least eight weeks prior to the scheduled event.

The requesting organization is asked to pay an honorarium and to cover expenses related to speaker’s travel, meals and lodging expenses.

Securing a TJC speaker might be just he item you need to boost your regulatory compliance program for your next scheduled survey.
Fresh Start: Natural Ventilation In Healthcare

Anne DiNardo, Senior Editor
Healthcare Design

Natural ventilation was common in healthcare facilities for a long time before mechanical systems became the standard. Now, with a growing focus on resiliency and the importance of connections to the outdoors, its re-emergence is gaining momentum, with facilities like Spaulding Rehabilitation Hospital installing operable windows at its Boston facility.

Building scientist Alejandra Menchaca and architect Megan Van Der Linde of Payette Associates Inc. (Boston) want to drive the conversation further in the hopes that 20 years from now, natural ventilation will be the norm once again. “Just like we look back at concrete buildings that are terribly inefficient from an energy standpoint, we’ll look back and say, ‘Yes, we used to build buildings without operable windows,’” says Menchaca.

The two will discuss the challenges and opportunities of using natural ventilation in hospitals during a session at the 2015 Healthcare Design Expo & Conference, Nov. 14-17, in Washington, D.C.

They say among the reasons for considering operable windows are the ability to provide ventilation during power outages and bringing natural light, air, and sounds into a healthcare setting. There’s also the potential cost benefits associated with energy savings—a goal the speakers say is harder to achieve in the U.S. based on current codes.

“In Europe, it’s more of a cultural thing where patients are given blankets to cover up when it’s a little cooler outside, and there’s more flexibility in terms of thermal comfort,” Menchaca says. “At that point, you can use natural ventilation much more and you could even start seeing energy savings.”

To gauge current attitudes on the topic, the speakers are conducting a survey with healthcare designers, engineers, staff, administrators, and building operators to identify the current limitations and opportunities in providing operable windows in multiple areas of a healthcare setting. They plan to share the findings at the conference in the hopes of addressing those issues and moving the industry’s thinking forward.

“We try to go back and realize operable windows were there [in healthcare facilities] for a very long time,” Menchaca says. “So the fact that people did not die because the window was open is a powerful fact.”

To participate in the survey, go to https://www.surveymonkey.com/r/naturalventilationsurvey.

New Hampshire Hospitals Pave the Way in Energy Reduction

Throughout New Hampshire, hospitals have been committing to the Healthier Hospital Initiative’s Leaner Energy Challenge and reducing greenhouse gas emissions and their costs simultaneously. Currently, 19 hospitals in New Hampshire, more than three-fourths of the state’s hospitals, are enrolled in the Initiative with 12 signed on to address leaner energy.

Recently, Healthier Hospitals has worked with three New Hampshire hospitals to gather their stories, challenges, successes and lessons learned. The hospitals include:

- **Cheshire Medical Center/ Dartmouth-Hitchcock Keene**: a 169 bed-acute care community hospital and clinic
- **Concord Hospital**: a charitable organization and acute-care hospital with 295 licensed beds and 238-staffed beds.
- **Monadnock Community Hospital**: a small-acute care community hospital with 25 beds.

While differing in size and location, these three hospitals all shared the like-minded goal of improving patient and community health through sustainability initiatives. Within their organizations, they came together as a team including facility staff, C-Suite individuals and others to ensure that they met their goals of reducing greenhouse gas emissions and costs.

They did so through a number of projects including, but not limited to audits, lighting retrofits, alternative fuel mechanisms, and chiller plant optimization. Their programs were highly successful showing that hospitals of all shapes and sizes can benefit from leaner energy work. Some results include:

- **Concord Hospital realized $678,976** in guaranteed annual energy savings and reduced its energy usage from 284.2 kBtu/ft2/year to 211.8 kBtu/ft2/year.
- **Cheshire Medical Center/ Dartmouth-Hitchcock Keene** saved a total of $1,895,855 between 2010 and 2014. The facility decreased its energy usage by 30 percent and carbon dioxide emissions by 20 percent.
- **Monadnock Community Hospital** saved over 300,000 kWh in three years significantly reducing their costs and carbon footprint.

The full case studies for each hospital can be found here.

Top 25 Environmental Excellence Awards

Practice Greenhealth -- the nation’s leading nonprofit membership and networking organization for sustainable health care -- has announced the winners of the Top 25 Environmental Excellence Awards.

This award is Practice Greenhealth’s highest honor for hospitals. The award recognizes the 25 health care facilities that exemplify the best of the best in environmental excellence and are setting the highest standards for environmental practices in health care.

"Competition was fierce this year among the many advanced and innovative programs at our member hospitals," said Jeffrey Brown, Executive Director of Practice Greenhealth. "I commend the winning hospitals for leading the industry with innovation in sustainability, demonstrating superior programs and illustrating how sustainability is entrenched in their culture."

The 25 hospitals presented with Practice Greenhealth’s highest honors vary greatly in size, but are all leading the country in health care sustainability and have the data and documentation to prove their success. These facilities have innovative programs and also show leadership in their local communities and in the health care sector.

This year’s winners are from New England include Dartmouth-Hitchcock Medical Center in Lebanon, NH and the University of Vermont Medical Center Unit in Burlington, VT.
I just want to take a moment to remind you about the exceptional team that drives the advocacy effort for ASHE. The 2015 ASHE Advocacy team consists of Deputy Executive, Chad E. Beebe AIA, CHFM, CFPS, CBO, SASHE, Director of Leadership Development, Tim Adams, FASHE, CHFM, CHC, Senior Advocacy Analyst, Lynn Kenney, and Senior Associate director of Advocacy, MHSA Jonathan Flannery CHFM, FASHE.

I assure you that this team is diligently working on behalf of the interests of healthcare engineers at all times.

The last teleconference with this team occurred on June 30, 2015. A plea to the various regional chapters of ASHE was made to make public comment on the proposed 2018 FGI Guidelines before October, 2015. Items that should be evaluated by members of NEHES include advocacy for state adoption of the existing 2014 edition of FGI Guidelines (only a few states have adopted these), and coordination of

Nurse Call, Hyperbaric and medical gas requirements with NFPA 99.

William Koffel, PE, FSFPE, and President of Koffel Associates Inc. as well as Chair of NFPA 101 Correlating Committee presented items being considered for the 2018 edition of the Life Safety Code NFPA 101. They include:

- Resilient Design
- Smoke Compartment Size, both in new and existing Health Care, (maximum travel distances for egress were 150 feet [150 x 150=22,500], now considering the maximum travel distance is 200 feet [200 x 200=40,000].
- Security and Safety Conflicts
- NFPA 99 – durable medical equipment (DME) safety measures and backup power
- The location design and hardening of exit stairs on wind design, interior storm shelter spaces, and occupant load for ambulatory health care.

Other items of interest to NEHES members will be evaluation of smoke detectors for patient rooms, fire alarm zoning, and corridor wall when adjacent rooms do not have a ceiling.

Mike Crowley, PE, FSFPE, VP of Jensen Hughes and Chair of the NFPA 99 Correlating Committee presented and advised chapter members to comment at the 2017 technical session to be held in Boston on June 14-17, 2017. Proposed changes to the 2018 editions of NFPA 99 AND 101 will be voted on.

This is particularly important because very few NFPA members understand the unique challenges and issues of healthcare. If we budget and encourage members to attend in 2016 we can be more effective and better represented in the vote that will affect all of us.

The latest comment from ASHE Advocacy team for CMS adoption of the 2012 LSC is that CMS will not be in 2015. Chad Beebe encouraged chapter members to plan ahead for the June 2017 NFPA annual conference to vote on 2018 NFPA 101 and 99 updates. Comments on these proposed updates can be made by going to the NFPA website. Jonathan Flannery is available at jflannery@aha.org to assist with clarity on how to submit a comment.

Remember that you can access the CMS Waiver Template online as well as the complete list of CMS Waivers. Click here>>
Perhaps the greatest benefit of NEHES membership is in the communication opportunities it offers.

“Our goal for NEHES communication is to get timely, accurate, and interesting information to our members,” said Ron Vachon, NEHES Website Chair, who has spearheaded the communication efforts in recent years. “We rely on each NEHES member to provide us with this information about things happening out in the field whether at your individual facility, with your state chapters, or what is happening to you as a NEHES member.”

“Our communication on the website or in the newsletter is only as good as the information that is provided to us,” adds Anand Seth, NEHES Newsletter Chair. “You are the key to providing information that will be of interest to fellow NEHES members.”

Here are a few communication channels available to NEHES members and ways to submit information:

**On the Move**—Have you recently changed jobs, earned a degree or certification, or received an honor (either personally or professionally)? We would like you to share this info with your peers. Send a brief write up of the “move” and a photo, if possible.

**State Chapter News**—We are eager to have information about what you are doing in your state chapters. On the NEHES website, there are pages for state chapters where you can share info about upcoming events, provide information to prospective members, and share info about your successes and accomplishments. Check out the [link to your state chapter](#) To provide info for your state chapter web page, go through your Chapter Representative.

**NEHES News Nuggets**—These are quick news items that can be shared in print and online.

We are all very busy and we don’t have time to read everything that crosses our desk. News nuggets are quick reads (think two or three paragraphs) that take a half minute to read. They are particularly good if we can provide a link for more additional information.

**Good Reads and Websites**—Here, we are looking for recommendations about books, articles, or websites that you’d like to recommend to NEHES members.

We need the name of the “read” or “website” and a one or two line summary of why you think it could be valuable to NEHES members.

**Member to Member Article/ Project Case Study**—You all have experience with a variety of projects at your facilities. And no doubt, you have all had successes and struggles in completing these projects. Why not consider sharing your results in a NEHES Case Study? Have you recently had a survey crew at your facility? Do you have suggestions for NEHES members based on the experience from your survey. Please share. These items can be featured on the NEHES Home Page header and/or in the NEHES newsletter.

It all starts with an idea. Share your story idea with one of our editors. From there, we can help you form the case study and make suggestions on the direction of the article.

Articles should usually run from 750 to 1000 words and photos are welcomed to accompany the piece.

Need help writing the article? That is not a problem. Our editor can work with you in any way that works best. Sometimes, this could simply be an interview by phone or in person. Others prefer to write a rough draft and submit it for review and editing, leading toward a final copy approved by you. Another option is sending an audio clip (from an electronic recorder or SmartPhone) that we will transcribe and edit for you.

**Recommended Articles**—A large part of the newsletter is referencing articles taken from various sources and publications. Our goal is to highlight the best of healthcare engineering articles oftentimes introducing the article with a couple of paragraphs and then providing a link to the entire article.

Sources include industry magazines (Healthcare Facilities, Modern Healthcare, etc.) as well as information from The Joint Commission, OSHA, EPA and other regulatory authorities.

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**Contact Info for NEHES Communications**

Questions, content, and comments regarding the NEHES website

Send to Ron Vachon at rvachon@stmarysmaine.com and cc to neheseditor@gmail.com

Questions, content and comments regarding NEHES newsletter:

Send to Anand Seth at anandseth004@gmail.com and cc to neheseditor@gmail.com
Cantrell Receives Regional Leader Award

Paul Cantrell, CE, CPE, CHFM received the 2015 ASHE Regional Leader Award, for Region #1 at the ASHE Annual Conference in Boston.

ASHE promotes the Regional Leader Award program as an opportunity to recognize new and future leaders within the field of healthcare engineering and facilities management community.

The award recognizes one individual from each of the ten regions for their demonstrated leadership skills, exemplary commitment to their local chapter, their community and/or the healthcare profession.

In being nominated for the award, fellow NEHES members noted “Cantrell’s passion for education extends to his staff members who are encouraged to participate in educational endeavors and to serve at the state and regional level in support of their peers.”

Other nominators said, “He is inspiring to work with and has an exceptional communication style… When conducting board meetings as NEHES President, Paul is no nonsense, positive, fun and fully engaging.”

And another said, “As President of NEHES, he has demonstrated tremendous enthusiasm by implementing many positive changes. He remains steadfast to improving upon our mission and he works determinedly to implement those efforts.”

In receiving the award, recipients will receive the following:
- Commemorative plaque, presented during the Opening Session of the ASHE Annual Conference.
- Complimentary registration to the Annual Conference in year of award (includes per diem to offset expenses).
- One year ASHE membership.
- Invitation to attend ASHE Leadership Institute (includes per diem for first year to offset expenses).
- Formal recognition and promotion in ASHE communications.

Do You Know One of Our Newest CHFMs? It takes time and effort to become a Certified Healthcare Facility Manager and four NEHES members have earned the designation.

Congratulations to these folks:
- Brian Campbell, CHFM, Maintenance and Construction Manager - Central Maine Medical Center in Lewiston, ME.
- Alison Brisson, CHFM, Sr. Regional Facilities Manager in Facilities Administration for Dartmouth-Hitchcock in Bedford, NH.
- Erin Proudman, CHFM, LEED AP, Life Safety Compliance Officer - UMass Memorial Medical Center, Worcester, MA.
- Robb Russman, CHFM, Maintenance Supervisor at Exeter in Exeter, NH

NEHES Supporting Member Liaison.

“Supporting Members can be a great resource to NEHES Active Members,” said Kroger. “I hope to find new and varied ways to improve the relationship between the two.”

Kroger is impressed with the work that Mike Walsh was able to achieve during his time in the position. She cited his town meetings with Supporting Members at locations throughout New England as key initiatives that gathered great feedback for the NEHES board to consider. “The Board has listened and responded to many suggestions,” said Kroger. “That has been very positive in helping these groups to work well together.”

Kroger loves participating in NEHES because it gives her business an opportunity to network with healthcare engineers in need of her products and services. “The relationship is mutually beneficial,” said Kroger. “We work together to improve healthcare throughout New England.”

Kroger hopes to help NEHES with the marketing of its events, seminars and conferences. She sees room to expand the possibilities. “Remember that Supporting Members are in the business of doing marketing. It is something we do well,” notes Kroger. “I see us taking a greater role in recruiting members for both the state chapters and the New England Society. We also have the ability to help recruit volunteers and to expand the scope of what conferences have to offer.”

What Do Lobsters and Healthcare Engineering Have in Common?—Chris Henderson, President of the Maine Healthcare Engineers Society reports that about 50 members and guests gathered for a lobster meal with all the fixings in June. The group also enjoyed a boat ride to Cabbage Island located in Boothbay Harbor.

Kroger Named as Supporting Member Liaison—NEHES Supporting Member, Mike Walsh, has been instrumental in working to enhance the member relationship between NEHES Active Members and Supporting Members for the past two years. His work will continue in the coming year with the appointment of Anne Kroger, MBA, FSMPS, Associate Vice President at CannonDesign, as NEHES Supporting Member Liaison.

A Winner - Baystate Medical Center in Springfield, MA received the ASHE Vista Award for New Construction. The award is presented to an organization that has constructed a new facility from the ground up. The new facility may be connected to an existing facility, but must have its own identity and be a new space. Watch for more info soon.
NEHES Newsletter/Web Co-Chair
Anand Seth, PE, CEM, CPE recommends:

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 Time Travel—Photos from NEHES Conference 1971

NEHES Conferences were a bit different back in 1971 with charts and easels, chalkboards, and a few smoking pipes. Today, NEHES continues to provide educational opportunities... minus the pipes.