Awardees at NEHES Fall Conference—2015

David Rosinski, CHFM (at left) receives the Engineer of the Year Award from NEHES President, Paul Cantrell, CE, CPE, CHFM.

Peter Girard, (at right) receives the Chapter Leadership Award from Jona Roberts, SASHE, CHFM, NEHES President-Elect

Mike Walsh (at left) receives the President’s Award from NEHES President, Paul Cantrell, CE, CPE, CHFM

Contract Employees Can Become Active NEHES Members

Removing one word from the NEHES By-laws has significantly changed the membership criteria for NEHES Active Members.

At the NEHES 2015 Annual Meeting, it was voted to eliminate the word “directly” from Article 4, Section 4-4. This by law previously stated, “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.

With the use of the word “directly,” contract employees hired by healthcare-related facilities were excluded from becoming Active Members of NEHES with all privileges of serving on the board and committees and having voting rights.

In eliminating the word “directly,” NEHES now opens the doors to contract employees being able to become Active Members of the Society.

“In recent decades, it is commonplace for facility engineers to work for contract management organizations hired by healthcare facilities to run their operations,” said Ed Lydon, current NEHES Board Member and ASHE Region I Representative. “Often, the question has come up at NEHES as to why we should deny a person Active Membership in our Society simply because they don’t work “directly” for a healthcare organization. These directional decisions are often decided at the CEO level and have very little impact on the organization.”

Lydon went on to say that it is not uncommon, in today’s world, that one may find themselves directly employed by an organization providing a contract management position.

“I am pleased that we will be able to extend Active Membership to our facility engineering colleagues who are contractually employed within hospitals,” noted Lydon.

Starting in 2016, all third party contract employees who meet all the requirements of active membership may become Active Members of the Society.

To join NEHES or to renew or update your membership, go to the online membership page.

NEHES Spring Seminar Set for April 1 (No Fooling!)

The Maine Healthcare Engineers’ Society invites you to attend the 2016 NEHES Spring Seminar on Friday, April 1 at the DoubleTree by Hilton

(formerly Four Points Sheraton) in Leominster, MA.

The one-day annual event presents education sessions on topics of interest to engineering professionals while offering continuing education credits.

Attendees will also have several opportunities during the day to visit with dozens of vendors interested in providing products and services to healthcare facilities.

Dan Bickford, from Central Maine Medical Center in Lewiston, Maine is this year’s Spring Seminar Chair. ASHE will award this program both Contact Hours and Continuing Education Units.

More detailed information will be rolled out in January including sponsorship opportunities and online registration for both attendees and vendors.

If you are interested in presenting an education session at the seminar, drop an email to Jack Gosselin, jack@nehes.org.

Mark your calendar today and plan to attend the premiere conference for healthcare engineers in New England.
NEHES Fall Conference Docks at Newport, Rhode Island
Educational Sessions With Experts in the Field

It Is All About Education
Nationally and regionally known experts led educational sessions on many topics of interest for healthcare engineers and facility managers. Keynote addresses gave a “crystal ball” viewpoint on what lies ahead for healthcare and the ever changing environment in which we work and practical advice about how ASHE (American Society of Healthcare Engineers) can help NEHES members in their quest to be involved in their profession.
Moving, Remoting and Booming—Excerpts

Keynote Speaker, Holly Brenneise, Associate Principal with Perkins Eastman challenged NEHES members to look in the “crystal ball” to prepare for the changes in healthcare.

“In the early 1990s—outpatient care accounted for 10% to 15% of hospital revenue,” said Brenneise. “Today, that figure is closer to 60% - across the board—sweeping along in academic medical centers, community hospitals, for-profit chains, and not-for-profit providers.”

Brenneise says that the mechanism for cost containment is now to keep people out of hospitals and to rely on ambulatory care. She says that the current healthcare model centers on wellness, team care and minimizing hospital visits.

But part of the equation for healthcare engineers is the cost of buildings. She notes some statistics about healthcare buildings in the United States.

- It comprises 3% of all commercial floor space in the United States.
- It has 11% of all commercial energy consumption—combining 561 trillion BTUs of electricity, natural gas, fuel, oil, and district steam or hot water.
- It is the fourth highest energy consumer of all the building types.

Brenneise predicts some changes. “With the ability to connect with colleagues and collaborate in a technology enabled way, care can be shifted to aggregated, lower cost settings that are engineered for excellent patient experiences, high staff satisfaction, and impressive clinical outcomes.”

Telemedicine will also take center stage explained Brenneise.

She quoted David Putrino, a Director of Telemedicine and Virtual Rehabilitation, who believes that in 10 years, we will start to see the development of entirely online health providers; people who assess, diagnose and treat individuals from remote locations, allowing people to receive care without leaving their homes.

“Despite wellness initiatives and telemedicine, there will always be a certain % of patients that need hospitals and the acute care they offer. What that % is, I can’t tell you,” said Putrino.

The biggest change coming up is the rise in the number of Baby Boomers needing medical care. (Boomers were born between 1946 and 1964.) In 2011 the first Baby Boomers reached 65—formerly known as the retirement age. Until 2029, Baby Boomers will turn 65 at the rate of 8,000 per day.

“This will have significant impact on the system,” said Brenneise.

See full presentation and conclusions>>

2015 Fall Conference Presentations—Go to website to view Presentations

Moving, Remoting and Booming by Holly Brenneise, Associate Principal, with Perkins Eastman who gives a “crystal ball” view of what is coming around the corner for healthcare. View her keynote address NEHES Keynote Lecture 9.28.15 HB PE

Joint Commission Citations and Tips on Compliance 2015 by George Mills, MBA, FASHE, CEM, CHFM, CHSP, The Joint Commission, Director of Engineering Mills Presentation

Case Study: 3D Laser Scanning and Mapping Applications in the Facilities Environment by Andy Ives, LS, Senior Survey Project Manager, Langan Engineering and Environmental Services Ives Presentation

Best Practices for Cost Effective Life Safety Compliance by presenters include Sean Gouvin, Director of Facilities Planning & Engineering, Baystate Health, Kirsten Waltz, AIA, EDAC, LEED AP, Principal Steffian Bradley Architects, Christopher Lynch PE, Principal Code Red Consultants, and Michael Forth LEED AP, Project Executive, Suffolk Construction. - This case study explores how the facilities, design, and construction team collaborated to implement processes that resulted in a significant reduction in the number of life safety issues and overall project costs while improving patient safety. Download Presentation

Active Shooter—Jason Brennan, CPP, PSP, Co-founder of Synergy Solutions talks about steps that can be taken to deal with active shooters/violent intruders in the hospital setting. Active Shooters

Energy – A Long Term Strategy -This is the first of three presentations on the subject of taking a long term strategy surrounding energy. Part two will be at the 2016 Spring Seminar and Part three at the 2016 Fall Conference. The presentations are being spearheaded by Steve Jalowiec PE, CHFM, Vice President Engineering Services for Hospital Energy.

Energy - A Long Term Strategy

Thinking Like A Business—Dana Swenson, Senior Vice President at UMass Memorial Health Care, gives practical advice on how to approach the field of healthcare engineering as a business. Thinking Like a Business

Take Control of Your Destiny - Dave Dagenais, BS, FASHE, CHFM, CHSP, 2015 ASHE President gives a first person account of the benefits of joining a professional association. Rather than looking at healthcare engineering as an expense department, he suggests calling it a cost containment department. Control Destiny

Optimizing the Healthcare Physical Environment—Dave Dagenais, BS, FASHE, CHFM, CHSP, 2015 ASHE President gives an excellent overview of the work done on the national level by the American Society of Healthcare Engineers. ASHE update
Views from the 2015 NEHES Fall Conference
Networking, Learning and Recognition

(At left) NEHES Fills the Atrium—With a recently renovated nautical theme, the Newport Marriott Atrium was the hot spot for keynote addresses. (At right) Day Long Learning—NEHES members had jam packed sessions throughout the day to learn about the latest topics affecting healthcare engineering.

(At left) Rhode Island Hospitality—The Rhode Island Healthcare Engineers’ Society rolled out the red carpet to the seaside town. Thanks to committee members (left to right) John Ziglio, Kim Silvestri, and Jim Carroll who chaired the effort. (At right) NEHES Banners—State banners were lit up in Newport.

(At left) Behind the Scenes—There are hundreds of details to attend to at a conference and the Administrative Office covers them all with Jack Gosselin and Michele Deane. Light Hearted Fun—Peter Martin from Gosselin Associates conducted the NEHES Jeopardy game.

(At left) Changing the Guard – NEHES President, Paul Cantrell (at left) shares a lighter moment before the conference with Incoming President, Jona Roberts. (At right) Kicking Off the Event– Jim Carroll (at right) took center stage to officially kick off the 2015 NEHES Fall Conference.

To see a photo gallery from the NEHES Fall Conference, go to Conference Photos>> You can also see photos at the NEHES Facebook page
Supporting Members Make Connections

Technical Exhibits and First Night Gala Highlight Fall Conference

Newport Waterfront—The first evening of the conference saw attendees gathering at a seaside restaurant in town to dine and network. This is a great time to socialize and to make connections with fellow members away from the classroom settings of the day. And it wouldn’t be Newport with a band playing in the background.

Technical Exhibits Set the Pace—NEHES members enjoyed the opportunity of visiting with dozens of Supporting Members in the Technical Exhibits at the Fall Conference.

One of the best parts of the NEHES Conferences, according to many of its members, is the opportunity to learn about products and services that could benefit member healthcare organizations. One member said, “This is a one stop shopping experience to learn about what is available in the industry. We are always looking for ways to run more efficiently and to reduce our costs. The Technical Exhibit gives us the opportunity to save real dollars in our work.”
NEHES Annual Meeting 2015
New Officers, Plans for 2016, and Recognition

President, Paul Cantrell called the meeting to order by outlining the accomplishments for the year. (View the list under Paul’s message on Page 7.)

The President-Elect’s Report was given by Jona Roberts. He outlined his slate of goals for 2016
- Advance strategic planning initiatives
- Continue collaboration with Supporting Members
- Continued financial responsibility
- Increase memberships’ educational opportunities
- Engage state chapter leaders

Treasurer’s Report—The Treasurer’s Report was given by Alison Brisson. Brisson noted that $138,000 of benefits were returned to the membership. This is a 73% increase over the $79,600 for members in 2014. These benefits included
- Advocacy Support at a National Level
- Education & Networking Opportunities
  - Spring Seminar
  - Leadership Series
  - Twin State Seminar
  - Fall Foliage Tour
- Professional Resources:
  - Website
  - Newsletter
- Publications - ASHRAE 170
- Scholarships for Active Members and Interns
- State Chapter Support
- Supporting Member Forum

New Business-
- Nominations and Election of Officers for 2016 (See officers on Page 8)
- Confirmation of Annual Dues
  Annual Dues in 2016 will remain the same as this year:
  $35.00 Active Members
  $100.00 Supporting Members
  $10.00 Educator and Student Members
  Honorary Members are free.

State Chapter Reports were given by: Chapter Representatives
Connecticut – Paul Roth
New Hampshire – Peter Girard
Maine – Dan Bickford
Rhode Island – Jim Carroll
Massachusetts – Larry Williams
Vermont – Rob Prohaska

Recognition awards were designated to the following for their service:
Jona Roberts
Alison Brisson
Wallace Pooler
Edmund Lydon
Dan Bickford
Mark Blanchard
Ed Browne
James Carroll
John Crowley
Milt Dudley
Peter Girard
Randy Hussey
Kevin Keating
Paul Roth
Anand Seth
Ron Vachon
Gary Valcourt
Mike Walsh
Larry Williams

Kevin Keating
By-Laws Chair

With the 2015 Annual Meeting came numerous changes to the NEHES by-laws. Here are highlights of the major changes.

• Active membership:
  It is no longer necessary that an Active Member be employed “directly” by a hospital or healthcare related facility.
  In recent decades, it is commonplace for facility engineers to work for contract management organizations hired by healthcare facilities to run their operations. Previously, Active Membership status was denied to this group of healthcare engineers. With a vote of 33 “in favor,” 7 “against,” and 1 abstention, employees of third party contract organizations who work in a healthcare setting can now become Active Members.

• Supporting Members on the Board with Voting Rights:
  It has been a long time by law that Supporting Members of NEHES cannot serve as a member of the board of directors with voting privileges. This policy remains intact.
  However, board membership and voting rights will now be extended to the Supporting Member Liaison appointed by the President.

• Check Approvals
  Before this change, checks to vendors needed to be approved and signed by a board member. With this change, checks still need to be approved by a board member, but check signing can take place by a designated representative of NEHES.
In a blink of an eye, my term as NEHES President will come to an end by the end of the year. It is a journey that I will long remember, particularly the support and cooperation by the Board of Directors, Committee Members, the vital Supporting Members, Active Members, and the wisdom of many people in the industry who have made my year as NEHES President a successful one. Special thanks go to my executive team Jona Roberts, Alison Brisson, Wes Pooler and Ed Lydon for their dedication to the Society. It is much appreciated. Here are highlights from the year.

- **We have continued to foster membership through local chapter activities including supporting member town meetings.** I put this as one of the major accomplishments. We have been able to further integrate the needs of active and supporting members to advance the goals of NEHES. It continues to be a great partnership.
- **Promote scholarship opportunities for formal education, competency based training seminars, healthcare management seminars & hospital internships.** When Milt Dudley said that we exceeded our education budget for the year, I was actually pleased! These dollars are vital to the professional goals of our members.
- **Kicked off the NEHES Leadership program with the Blanchard Group.** With a goal of finding new and varied ways to educate our members, I was honored to be a part of launching this leadership series. A total of 30 members will have completed a year long series of in person seminars and online webinars, all to advance their leadership skills.
- **Expanding the function and reach of the NEHES website.** We have made improvements that are important to our members including design and functionality. Our analytics show that members are most interested in the areas about conferences, events, and presentations from past educational sessions. We keep those items front and center on the website. We have also used social media, specifically LinkedIn, Facebook and YouTube, to expand the reach of information about NEHES.
- **Marketing the NEHES Brand -** We have boosted our marketing efforts this year by reaching out to more potential members with the message of what NEHES is all about. We’ve also purchased apparel emblazoned with the NEHES logo on shirts/ties.
- **Expanded membership with a by law change that allows contract employees to become Active Members.** (See Front Cover and Page 6 for details.) Healthcare engineers employed by third party, contract companies will now enjoy the full benefits of Active Membership.

If there has been a theme in my term, it has been to encourage membership from all staff levels in an organization. The investment of a NEHES membership will pay off with great rewards in cost savings and staff development. I take great pride in a Society that elevates the role of engineers in the rapidly changing healthcare industry. Thank you all for your support. It has been an honor to serve you.

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**Membership Report**

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**Others:**

| Others | 25 | 19 |
2016 NEHES Appointments

Executive Officers
- President - Jona Roberts, CHFM, SASHE
- President-Elect - Alison Brisson, CHFM
- Secretary - Wes Pooler, CHFM
- Treasurer - David Rosinski, CHFM

Chapter Representatives
- Connecticut Healthcare Engineers’ Society - Paul Roth
- Maine Healthcare Engineers’ Society - Daniel Bickford
- Massachusetts Healthcare Facilities Professionals Society, Inc. - Corey McNulty
- New Hampshire Society of Healthcare Facility Managers - Peter Girard
- Rhode Island Healthcare Engineers’ Society - James Carroll
- Vermont Healthcare Engineers’ Society - Erik Lahr

Standing Chairs
- Scholarship/ Education/ Career Development - Milt Dudley
- Newsletter - Anand Seth
- Steering/By Laws - Kevin Keating
- Parliamentarian - John Crowley
- Membership - Larry Williams

Liaisons
- ASHE - Ed Lydon
- Supporting Member - Anne Kroger
- Advocacy/Accreditation - Dave Dagenais

Conference Chairs
- Spring Seminar 2015 - Dan Bickford - Maine
- Fall Conference 2016 - Peter Girard - New Hampshire

Special Appointments
- Finance Committee - Gary Valcourt
- Fire Barrier Management - Paul Roth
- Levels of Affiliation - Admin Director - Dave Rosinski
- Marketing - Paul Rosinski
- Recognition - Paul Cantrell
- Sustainability - Ed Browne
- Website - Ron Vachon
- Chapter Relations - John Duraes

NEHES Board of Directors—2015

NEHES Leadership—(Front row left to right) Wes Pooler, Jona Roberts, Paul Cantrell, Alison Brisson, and Ed Lydon. (Second row left to right) Paul Roth, Jim Carroll, Kevin Keating, Larry Williams, and Gary Valcourt. (Third Row left to right) Mike Walsh, Anand Seth, Dan Bickford, Peter Girard, Milt Dudley, John Crowley and Dave Rosinski. Missing from photo, Mark Blanchard, Ron Vachon, John Duraes, and Ed Browne.
New NEHES Members—Welcome Aboard!

Connecticut
- Jeffrey Cichonski, Vice President
  BVH Integrated Services, Inc
  Bloomfield, CT
- Catherine Moore
  Business Development -Downes Construction
  New Britian, CT
- Joseph Schiappa
  Service Consultant M.J. Daly, LLC
  Waterbury, CT

Massachusetts
- Matthew Loughlin
  Maintenance Mechanic
  Signature Healthcare
  Brockton Hospital - Abington, MA
- Mark Eccles
  Environmental Health and Safety Coordinator
  Spaulding Rehabilitation Network
  Boston, MA
- Richard Barry
  Assistant Director/Engineering & Maintenance
  Lahey Health Systems- Woburn, MA
- Ryan Fialherty
  Manager of EH&S and Facilities Operations
  Tufts Medical Center, Boston, MA
- Joseph Nichols
  Multi Trade Tech II
  Lahey Health -Beverly Hospital
  Beverly, MA
- Dick Szeglig
  Director of Facilities
  St. Anne's Hospital, Fall River, MA
- Michael Menard
  New England Region Manager
  Hilti, Inc -Holden, MA
- Brian Mulkerrin
  President / Founding Partner
  e3i Engineers—Boston, MA
- Justin Ferbert
  System Director of Engineering & Safety
  Sodexo—Melrose, MA
- Hani Mardini
  Vanderweil Engineers—Boston, MA
- Pamela Gasek
  New England Healthcare Specialist
  Hilti—Maynard, MA
- John Weaver
  President/Managing Principal
  DiGiorgio Associates Inc./Monitor Builders
  Boston, MA
- David Nee
  Technical Sales Rep
  Sika Sarnafil—Canton, MA
- Steven Kaylo
  President
  Freeman Air- Beverly, MA

New Hampshire
- Scott Lever
  Mechanical & Utility Systems Manager
  Southern NH Health –Nashua, NH
- Douglas Walrath
  Facilities Manager
  Memorial Hospital, North Conway, MA
- Joseph Amico
  Sr. Plant Ops Manager
  Parkland Medical Center/HCA - Derry, NH

New England
- Michael Menard
  New England Region Manager
  Hilti, Inc -Holden, MA
- Brian Mulkerrin
  President / Founding Partner
  e3i Engineers—Boston, MA
- Justin Ferbert
  System Director of Engineering & Safety
  Sodexo—Melrose, MA
- Hani Mardini
  Vanderweil Engineers—Boston, MA
- Pamela Gasek
  New England Healthcare Specialist
  Hilti—Maynard, MA
- John Weaver
  President/Managing Principal
  DiGiorgio Associates Inc./Monitor Builders
  Boston, MA
- David Nee
  Technical Sales Rep
  Sika Sarnafil—Canton, MA
- Steven Kaylo
  President
  Freeman Air- Beverly, MA

NEHES Membership Provides Cost Savings for Your Facility

The cost of joining NEHES in 2016 will remain at $35 for Active Members, $100 for Supporting Members and $10 for Students/Educators. This past year, $138,000 of benefits were given back to members. That’s a tremendous return on investment for being a NEHES member. Here’s how NEHES makes this all happen.

- Educational programs are the backbone of NEHES. With a single day spring seminar, a summertime Twin State event and a multi-day fall conference offered to its members, NEHES sets a standard of excellence for quality educational programs with acclaimed speakers. CHFM Review Courses are offered at no charge and CEUs are offered for all programming.

- NEHES provides a quarterly newsletter with important information about upcoming events and NEHES programming. It is also a resource to share information among NEHES members. Members can receive an online or printed edition.

- The NEHES website is a source of information for the New England society. Moving forward, we are looking at better ways to improve the value of the state chapter pages on the website.

- We provide current information on codes and standards. Each of us lives by these items and NEHES is a vital source of updated information. Oftentimes, new guideline books are given out free as part of attendance at one of our events.

- NEHES members receive advocacy support locally and nationally. When new or updated regulations are being proposed, you have someone in your corner willing to advocate for meaningful and reasonable changes in codes and standards.

- NEHES supports its state chapters as they recruit members and offer their own statewide programming. In fact, the Twin State Seminar is offered at no cost to members. NEHES stands ready to support special financial needs of state chapters.

- NEHES Scholarships help members reach their educational goals. With individual scholarships up to $2000 per year, every NEHES Active Member has the opportunity to advance their career studies.

- Supporting Members have the opportunity to meet one-on-one with potential customers in need of their products and services. Vendor exhibit space is offered at two major events each year specifically for Supporting Members.

- Networking for solutions! If you have a question or concern about a project, you have the combined knowledge of over 500 members to solicit information from. This, alone, can save you time and dollars.

In a presentation at the Fall Conference, ASHE President and long time NEHES member, Dave Dagenaiz, suggests that healthcare engineers “transition from an expense department to a cost avoidance ambassador.” A membership in NEHES can help do just that.
Problematic Physical Environment Issues

ASHE and TJC Provide Joint Assistance

David Stymiest, PE CHFM CHSP FASHE
Senior Consultant at Smith Seckman Reid, Inc.

(The article previously appeared in SSR’s Compliance News)

Since ASHE and TJC announced their joint effort to address the most problematic physical environment issues at the July 2015 ASHE Annual Conference in Boston, both organizations have been making good on that promise.

The TJC Physical Environment Portal (TJC PE Portal) is available at TJC’s website under the main TOPICS heading. Interested parties can sign up at that location to obtain TJC e-Alerts on new information when it is issued.

Although the information specifically addresses the most problematic TJC Environment of Care chapter and Life Safety chapter standards and Elements of Performance (EPS), much of it is generic enough to be helpful to those concerned with CMS physical environment and life safety compliance as well. The TJC PE Portal and its related e-Alerts are available to the public.

ASHE’s FOCUS on COMPLIANCE web page is available at ASHE’s website under the main NEWS & RESOURCES heading. Interested parties can sign up to receive email alerts from ASHE when new physical environment compliance resources are added, and do not need to be ASHE members to receive the alerts.

The majority of ASHE’s posted resources are available to all persons; however a few of the resources are available only to ASHE members. Each web page links to the other organization’s web page for easy migration between them. Both web pages already have helpful resources posted.

The TJC PE Portal has already identified the following problematic PE issues as of the date of this article. It discusses the requirements, the most commonly-observed adverse findings, and offers advice for improving compliance.

- Utility system risk management issues

  1. Air pressure, filtration, and air changes in critical care areas
  2. Labeling utility system controls to facilitate shutdown
  3. Design and installation of utilities to meet patient care and operation needs
  4. Clinical impact of related utility issues, along with a discussion of related U.S. Centers for Disease Control (CDC) concerns
  5. Expectations for hospital leadership support and oversight of the above issues

- Means of egress issues
  1. Corridor clutter
  2. Locked doors within the direction of egress
  3. Clinical impacts due to noncompliances—including fire rescue, employee injuries, and adverse TJC/CMS citations
  4. TJC’s posted schedule for addressing additional PE compliance issues over the next year indicated that they will be addressed in the following order:
    - The built environment
    - Fire protection
    - General life safety requirements in three categories
    - Hazardous materials and waste management

The ASHE FOC web page offers resources addressing the following issues as of the date of this article:

- Advice for managing utility system risks
  1. Inappropriate room pressurization – 12 separate resources addressing terms and concepts (issues), defining failure modes (risks), identifying patient outcomes (impacts), and providing assessment tools/resources (mitigation)
  2. Labeling of utilities – two separate sample policies
  3. Lack of emergency lighting – two separate resources addressing summary results from ASHE’s essential electrical system survey and a sample inspection log; ASHE members may also access two additional resources
  4. Inappropriate electrical issues (relocatable power taps, also known as power strips) – five separate resources addressing terms and concepts (issues) and sample policies/procedures (mitigation)

- Advice for managing the integrity of the means of egress
  1. Obstructions for means of egress – seven separate resources addressing terms and concepts (issues) and providing assessment tools/resources (mitigation); also short discussions regarding defining failure modes (risk) and identifying patient outcomes (impacts)
  2. Inappropriate locking mechanisms – copy of a presentation discussing locking requirements
  3. Improper use or designation of suites – short discussions regarding failure modes and their adverse impacts on patient outcomes

ASHE’s posted schedule for addressing additional PE compliance issues over the next year indicated that they will be addressed in the same order and time frames as the TJC schedule.

We recommend that the above-linked web locations be bookmarked for future reference. We also recommend that those interested in obtaining future information when it is posted subscribe to the related (ASHE or TJC or both) email alerts.

Questions regarding this article may be addressed to the author at DStymiest@ssr-inc.com.

Click on logos or links below to access further information.

http://www.jointcommission.org/topics/the_physical_environment.aspx

http://www.ashe.org/compliance/
John Duraes, CHFM  
Director of Facilities  
Signature Healthcare  
Brockton, MA

As part of the NEHES support program for the 2015 ASHE Conference in Boston, I was tasked by the Board of Directors to organize a community charitable event that the ASHE board, families, and NEHES members and their families could participate in.

With Gary Valcourt and the support of our families, we coordinated this effort. The event took place on the Saturday prior to the conference at the Pine Street Inn in Boston.

The Inn provides permanent supportive housing to 850 tenants throughout the Boston area as well as 670 emergency and transition beds. About 2000 meals are prepared daily at the Pine Street kitchen.

NEHES volunteers had a jam packed schedule as they prepared gift packs and rolled up their sleeves in meal preparation.

All volunteers who participated agreed that it was a very worthwhile event and that it was an excellent opportunity to give back to the community.

Based on the success of this effort, Paul Cantrell, the 2015 NEHES President and the rest of the Board of Directors, voted to provide the same type of opportunity at the NEHES Fall Conference held in Newport, Rhode Island.

I was tasked to organize a charitable event for Saturday, September 9, 2015. The conference location in Rhode Island offered some excellent opportunities to demonstrate that sentiment of giving back to the communities we serve. Once again I contacted Gary Valcourt to see if he would be willing to help. He, without hesitation, stated he would love to volunteer along with his family.

We searched for charitable organizations that could accommodate the specific time frames and the number of available NEHES volunteers. It became evident that our efforts could be best directed to organizations in the city of Providence where we could maximize our efforts.

Due to the limited number of volunteers, time and resources, two organizations were chosen. These two charities, were chosen for the diversity of free services that they provide for the various members of the community.

The charities were the Amos House and McAuley Village.

Amos House, has a very large soup kitchen that provides hot meals on a daily basis. They collect clothing and other non-perishables that they distribute to those in need. Geared toward the general population of the Providence area, they provide an invaluable service to those less fortunate.

We, who were involved in the effort, took note of how the Amos House leadership and staff treated each individual with courtesy and respect. All who come through their doors are called guests, not clients.

At the Amos House, some of the NEHES members and their families helped in the soup kitchen by preparing and serving the noon meal to about 250 individuals. They also helped to organize and clean the dry food storage area in the basement of the soup kitchen building. They sorted, packaged and distributed 250 hygiene and snack packets to the soup kitchen guests during the lunch service. These packages included such items as, winter gloves, socks, mix of snack baggies and hygiene packets. These items were donated by NEHES.

McAuley Village is two-year transitional housing program for homeless single parents and children. The Village has 23 apartments and an on-site child care center. They provide the basic human needs of shelter, child care, supportive services, advocacy, and guidance to homeless families seeking help. They seek to take financially poor single parents from a life of dependence on welfare to one of independence by offering on-site day care facilities, twenty-four hour security, mentoring, life management skills training, social services, resources and referrals for housing and job placement.

Three volunteers including a NEHES Supporting Member, Paul Kuras, a Sales Representative from Sherwin Williams Paints, performed various tasks including washing/disinfecting hundreds of toys and shelving units, as well as cots and furniture in the preschool and toddler rooms.

The railings on the concrete ramps going out to the playground were hand sanded to remove the old paint and prep them for new paint. As one of the community service organizers and participants, I am grateful to the NEHES leadership for offering these incredibly fulfilling experiences.

When it comes down to the basics, we as facilities managers are in the business of helping people in our communities. This is simply another venue that provides us the opportunity to be in direct contact to those in our community who are in need. I think that the service helps promote the NEHES brand to the local community that have not really heard of the organization and its mission.

Got ideas for future projects? Drop me a line at JDuraes@Signature-Healthcare.org.
Top Three Biggest Safety Concerns Revealed

Top Items Fall to Facility and Security Management

The ECRI Institute is well known for its Top 10 lists for a variety of healthcare issues.

Here are excerpts regarding the top three safety concerns that hospitals faced this year. It is interesting that the top three concerns are also those that can be impacted by your hospital’s infrastructure – meaning the systems and processes you have in place for your building management, security, IT, power, and more.

- **Listed as the #1 patient safety concern is alarm hazards from inadequate alarm configuration policies and practices.**

  Since ECRI Institute began publishing its list of top health technology hazards in 2007, “alarm hazards have been at or near the top of the list,” says Rob Schluth, senior project officer at ECRI Institute and the lead project manager for the Top 10 Health Technology Hazards project. The need to address alarm hazards is particularly important with the Joint Commission’s ongoing National Patient Safety Goal for healthcare organizations to improve the safety of clinical alarm systems.

  In recent years, much of the literature related to alarm hazards has focused on alarm fatigue—a condition that can lead to alarms missed by providers who are overwhelmed by, distracted by, or desensitized to the multiple alarms that activate. The ECRI Institute encourages healthcare institutions to look beyond alarm fatigue.

  “In addition to missed alarms that can result from excessive alarm activations, hospitals also have to be concerned about alarms that don’t activate when a patient is in distress,” says Schluth. “In our experience, alarm-related adverse events—whether they result from missed alarms or from unrecognized alarm conditions—often can be traced to alarm systems that were not configured appropriately.”

  To meet the Joint Commission’s National Patient Safety Goal on clinical alarm safety, organizations accredited by the group must, as of 2016, establish policies and procedures to manage alarm signals identified by the organization as essential for patient safety. ECRI Institute recommends that organizations examine their alarm configuration policies and procedures to address the full range of factors that can lead to alarm hazards.

  - **Listed as the #2 patient safety concern is data integrity errors as a result of incorrect or missing data in electronic health records (EHRs) and other health IT systems.**

    ECRI Institute recognizes that health IT offers numerous potential benefits, such as supporting clinical decision making, enhancing provider communication, providing access to patient data in a secure environment, engaging patients, and reducing medical errors. But the technology can create new safety risks if it is not designed appropriately, implemented carefully, and used thoughtfully. In fact, in 2014, ECRI Institute convened the Partnership for Health IT Patient Safety, a multi-stakeholder collaborative established to proactively identify and address health IT patient safety risks in a nonpunitive environment. “With the introduction of any new technology, we need to identify and respond to novel problems it presents as well as old problems that the new technology doesn’t eliminate,” says William Marella, director, patient safety reportings programs, ECRI Institute.

    Data integrity issues “existed with paper medical records as well, but now as EHRs become more interoperable, incorrect information is more readily available, more easily shared, and harder to eliminate,” he says.

    “In order to get a return on the investment we’ve made in EHRs and clinical decision support, we now need to tackle the more mundane problem of making sure the data in the EHR is accurate.”

  - **Listed as the #3 patient safety concern is violent patient incidents.**

    Every day, U.S. hospitals deal with violent patient incidents and threatening behaviors that affect the safety and well-being of staff, patients, and visitors. According to current literature on the topic, violence is occurring in all care settings, even in oncology and maternity units, and not just in the emergency department (ED).

    Clinical staff in acute care units typically lack training in behavioral health and may dismiss or poorly handle behavioral cues that signal imminent violence, says Ruth Ison, MDiv, STM, patient safety analyst/consultant at ECRI Institute. Ison notes that reports show that doctors, nurses, ancillary staff, and even security officers working in emergency and acute care settings, are greatly challenged in managing patients who become violent or threaten violence.

    The range and impact of patient violence across the hospital is not limited to incidents that make the headlines. Clinical staff may feel abandoned and left without the resources to do their jobs safely, given the frequency with which they must manage violent behavior in patients—at least 15 incidents a day, according to one ECRI Report. The first thing that hospital leadership must do is acknowledge that violence is occurring within the facility’s walls. When healthcare workers perceive assaults and threats as a workplace hazard that must be tolerated, they underreport—resulting in lack of awareness and inaction by hospital leadership.

    “Lack of psychiatric services and interventions puts pressure on nurses and other frontline staff to be trained in violence de-escalation techniques,” states a recent ECRI report.

    The remaining top ten safety concerns are as followed from #4 through #10.

  - #4. Mix-up of IV lines leading to misadministration of drugs and solutions.
  - #5. Care coordination events related to medication reconciliation.
  - #6. Failure to conduct independent double-checks.
  - #7. Opioid-related incidents.
  - #8. Inadequate reprocessing of endoscopes and surgical equipment.
  - #10. Weight-related medication errors.

For more information on an array of free resources from ECRI, go to www.ecri.org.
NEHES understands that integrating sustainability into a healthcare facility’s operations is a process that has always been a part of a facility manager’s daily life.

With budget dollars becoming scarcer and the desire of many stakeholders, both internally and externally, to have healthcare operations be greener and more sustainable, NEHES and ASHE (American Society of Healthcare Engineers) are stepping up to help provide timely information, case studies and project planning tools.

I will be chairing a NEHES Sustainability Committee from the Board of Directors. Over the next few weeks, I will be actively recruiting members from across the various NEHES membership groups to help promote sustainability and, specifically, to encourage our members’ participation in ASHE’s Energy to Care program and the utilization of the ASHE Sustainability Roadmap.

Using this approach, NEHES hopes to support our members’ institutions to develop a robust sustainability program including strategies to develop senior leadership support, financing, and funding options and to identify data driven performance improvement measures.

So where do we start? NEHES, through the Sustainability Committee, will be encouraging members to join the ASHE Energy to Care program. The program has free benchmarking tools, as well as a valuable performance dashboard. It allows access to your data from anywhere with convenience and security. There are also award programs to recognize sustainability efforts.

As a companion program, the Sustainability Roadmap for Hospitals has valuable tools including how-to guides and performance improvement measures all clearly organized by energy stream, supply chain as well as by chemicals. This tool supports members to establish utility baselines and retro commissioning guides by system.

ASHE also provides numerous sustainability publications, several that I list here:

- **Environmental Sustainability in Hospitals: The Value of Efficiency.** This was published by AHA’s Hospitals in Pursuit of Excellence, May 2014 and sent to hospital CEOs.
- New quarterly newsletter, **Health Care Sustainability Update**, e-mailed to all members
- **Sustainability Toolkit** sent to all ASHE members along with the winter 2014 Inside ASHE.

Also available on the ASHE website is access to Energy University.

- Online, on-demand education that is applicable to all levels of the facility management team. CEUs can be earned.
- The Energy University tracks were created for ASHE to be specific to our field.

ASHE also provides detailed commissioning and retro commissioning resources, some are listed as follows:

- Health Facility Commissioning Handbook
- Health Facility Commissioning Guidelines
- Workshop on Health Facility Commissioning
- Commissioning Insider magazine

Through its Sustainability Committee, NEHES stands ready to assist its members to develop and implement successful long term sustainability within its 150+ member organizations.

Moving forward, NEHES considers the sustainability initiatives a top priority to help its members to provide safe, financially responsible, and world class patient care.

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**Energy Facts About Hospitals**

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

**What Portfolio Manager does:**

- Draws and uses utility data
- Measures and tracks energy and water consumption and greenhouse gas emissions.
- Provides national commercial building standard for benchmarking the performance of a building or a whole portfolio of buildings.

**It gives capabilities to visualize and analyze energy use data through:**

- Meter and device integration  
- Interval data management tools  
- Trend analysis and comparisons  
- Competitions

**Uses Energy Utilization Index (EUI) to measure building performance.**

- Energy consumed per square foot per year.  
- Total energy/ total gross floor area = # kBtu

For more info, visit [Energy to Care](#).

**Energy University**

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

During its first 14 months since it was launched, ASHE members have taken more than 1,000 online classes through Energy University.

To take an Energy University course for free, visit ASHE’s [Energy University website](#).
Sponsorship Opportunities with NEHES

New Packages Available to Supporting Members

Anne Crowe Kroger, FSMPS, MBA
Associate VP- Business Development at Cannon Design

“Our Supporting Members have long been associated with NEHES and find value in sponsoring both the Spring and Fall Conferences as a way to showcase their goods and services to our membership,” said Kroger, who was recently named Supporting Member Liaison for NEHES, following the efforts put into place by Mike Walsh of Bond Brothers. “Our new package of sponsorship opportunities give Supporting Members a shopping list of options to invest their marketing dollars.”

New opportunities include:

**Annual Corporate Sponsor**
*For one year with only one sponsor*

Benefits:
- Logo with link to your website prominently displayed on homepage of NEHES.com
- Premium exhibit booth space at Spring Conference (with those benefits)
- Platinum-level exhibit booth space at Fall Conference (with those benefits)
- Exclusive event (details to be determined) with Active Members at Fall Conference

**Website Sponsor**
*For one year—Four spots available*

Benefits:
- Logo on homepage of NEHES.com website with link to your company website
- Exclusive event (details to be determined) with Active Members at Fall Conference

**NEHES Newsletter Sponsor**
*One per newsletter—Four editions per year*

Benefits:
- Logo/name prominently displayed on newsletter
- Sent in both print and online formats

**NEHES Scholarship Sponsor**
*Unlimited spots available*

Benefits:
- Logo on Thank You Board at Spring and Fall Conferences
- Verbal “Thank You” during opening remarks at Spring and Fall Conference
- Thank You letter from NEHES president at year end
- Scholarship recipients to be informed of all the sponsoring companies

“We will continue to have the conference sponsorships available as we have for quite some time,” said Kroger. “There are plenty of ways to be visible from setting up an exhibit booth to sponsoring a key element of the events.”

NEHES Spring Conference Opportunities

**Website opens for NEHES Members**
*January 1st*

**Website opens to non-members**
*January 15th*

Exhibit Booth Sponsor (40)
Technical Guidebook Sponsor (4)
Event Program Sponsor (1)
Food & Beverage Sponsor (4)
Keynote Sponsor (1)
Trade Show Bags Sponsor (1)
Sponsor an Engineer to Attend (unlimited)

NEHES Fall Conference Opportunities

**Website opens for NEHES Members**
*May 1st*

**Website opens to non-members**
*May 15th*

Platinum Exhibit Booth Sponsor (2)
Gold Exhibit Booth Sponsor (5)
Silver Exhibit Booth Sponsor (40)
Bronze Exhibit Booth Sponsor (15)
Technical Guidebook Sponsor (4)
Event Program Sponsor (1)
Food & Beverage Sponsor (4)
Keynote Sponsor (1)
Education Session Sponsor (10)
Trade Show Bags Sponsor (1)
Sponsor an Engineer to Attend (unlimited)

If you are interested in knowing more about sponsorship opportunities with NEHES, feel free to contact Michele Deane at the NEHES Administrative Office. michele@nehes.org.

You can also contact Anne Kroger at AKroger@CANNONDESIGN.com

Milton CAT served as a Platinum Sponsor at the NEHES Fall Conference.

Isgenuity was a Silver Sponsor at this year’s NEHES Fall Conference.

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Connecticut
President & Chapter Rep:
Paul Roth, Facilities Operations Manager, Lawrence and Memorial Hospital, New London proth@lmhosp.org
Vice-President: Al Wasko, Associate Director, Plant Maintenance, Yale-New Haven Hospital Saint Raphael Campus, New Haven, CT alwasko@ynhh.org
Treasurer: Vacant
Secretary: Ron Hussey, Manager of Facilities and Engineering, Johnson Memorial Hospital, Stafford Springs, CT ronald.hussey@jmmc.com

Massachusetts
President & Chapter Rep:
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Secretary: Open
Treasurer: Dave Fowler, Senior Director- Support Services, Anna Jacques Hospital, DFowler@ajh.org

New Hampshire
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Vice President: Greg D’Heilly, Maintenance Operations Supervisor, Dartmouth Hitchcock Manchester, Gregory.E.DHeilly@Hitchcock.org
Secretary: Rob Russman, Maintenance Supervisor, Riverwoods at Exeter rrussman@riverwoods.org
Treasurer: Marcel Alix, Supervisor of Engineering, Monadnock Community Hospital – marcel.alix@mchmail.org
NEHES Rep: Peter Girard, Facilities Manager- Dartmouth-Hitchcock Concord, NH Peter.R.Girard@hitchcock.org

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Treasurer: John R. Zoglio, MBA, CHFM, CHSP, Manager of Safety and Emergency Preparedness, Kent Hospital – john_zoglio@mhri.org
Secretary & State Chapter Representative: James Carroll, Director of Facilities, Butler Hospital jcarroll@butler.org

Maine
President: Chris Henderson, Facilities Director Acadia Hospital, Bangor, ME chenderson@emh.org
Vice-President: Brian Campbell, Maintenance & Construction Manager- Central Maine Medical Center, Lewiston, campbri@cmhc.org
Secretary/Treasurer:
Jeff Thomas, Director of Facilities Management Spring Harbor Hospital, Westbrook, ME thomaj3@springharbor.org
Chapter Rep: Dan Bickford, Director of Engineering Central Maine Medical Center, Lewiston, bickfoda@cmhc.org

NEHES Time Travel – 1997

Mark Cappello of Bennington, VT
First NEHES Engineer of the Year Helps Position Society for the Future

Teleconferencing NEHES style – Don Garrison takes Joe Mona’s Membership Committee report by telephone.

Workplace Violence Seminar Educated 32
Turnout for seminars taught by Ode Kiel of Safety Management Services, Inc. was less than expected, but the 32 NEHES members attending did learn to deal with violence on the job.
“It was a great seminar,” said Dick Harris of the Vermont Healthcare Engineers Society. VHES and the NEHES Education Committee co-sponsored the seminars. “Those attending got valuable information.” Dick would like to hear from members who didn’t attend. “We’d like to know why they weren’t there. If there’s something we missed, please let us know,” he said. Call him at (802) 334-3282.
2016 NEHES Educational Events Set

Mark your calendars now for great opportunities in 2016.

- NEHES Spring Seminar—Friday, April 1 at the DoubleTree by Hilton in Leominster, MA. The event will be chaired by Dan Bickford and the Maine Healthcare Engineers Society. NEHES members will find great educational sessions, time for networking, and a first class technical exhibit hosted by our Supporting Members.

- Twin State Seminar—Friday, August 5, 2016 at Dartmouth-Hitchcock Medical Center in Lebanon, NH. This is a special summertime educational session that is free of charge.

- NEHES Fall Conference—Sunday, September 25 through Wednesday, September 28 at the Mountain View Grand Resort and Spa in Whitefield, NH. The event will be chaired by Peter Girard and the New Hampshire Society of Healthcare Facility Managers. The resort is one of the last remaining grand style hotels built in 1865 and completely renovated in 2002 after many years of disrepair. It is home to a golf course and panoramic views of the White Mountains of New Hampshire.

Remembering Percy Hanscom

Percy Hanscom, a long time NEHES member and former Board President in 1985, recently passed away in Auburn, Maine at the age of 83.

He was a licensed boiler operator, proficient in electrical, plumbing and building trades. He spent most of his career at Regional Memorial Hospital in Brunswick, Maine, where he worked his way up to become the director of the maintenance department.

In a NEHES Newsletter published in January, 1985, by Editor, Jack Gosselin, it said that Hanscom spearheaded a series of “firsts” for NEHES. “He was the first Board President from Maine and was the first President to have his hospital administrator attend the induction ceremony.”

The article also said, “He was the first NEHES President to set up committees on education and scholarship, each extending the objective of promoting professional development through continuous education.”

Dagenais to Lead Advocacy

As his year as President of the American Society of Healthcare Engineers winds down, Dave Dagenais, BS, CHSP, CHFM, FASHE is returning to NEHES, the organization that launched his career on the national level.

Dagenais will head up the advocacy efforts replacing Randy Hussey who retired from his work at Eastern Maine Medical Center.

As President of ASHE, Dagenais has become well known as an advocate for the healthcare engineering profession on the local, state, regional and national level. Here are some tips that Dagenais recently presented on how to advocate for the healthcare engineer profession.

- “Apply to volunteer in a professional association, especially on a national level. Your name will go into a database to be considered when volunteers are needed to assist on committees. You have the potential to serve on committees that have an impact on codes and regulations that affect all hospitals. There will be a direct return on your investment.”
- “Elevate your role in your organization. Build a strong team. Become a compliance/code expert. Transition from an “expense department” to becoming a “cost avoidance ambassador.”

State Pages on NEHES Website

For quite some time, the NEHES website has hosted individual website pages for each of the six state chapters. In hopes of bringing extra value to those chapter pages, a goal for 2016 is to make a stronger effort to keep those pages vibrant and newsworthy.

“These pages can be much more than simply a list of chapter officers and upcoming events,” said Ron Vachon, Chair of the Website Committee for NEHES. “We can include photos of officers and events as well as summaries of educational presentations taking place in your state. We are also looking to have a State Chapter calendar link on the home page to events happening in your individual states.”

Vachon reminds members that all information for the state chapter pages should be directed to the Chapter Representatives. (You will find their names on Page 15.)

Join NEHES Website & Social Media

- Want to get automatic updates when news or event items are posted on the NEHES website? Subscribe on the News Sign Up Page. Click here>>
- Join the NEHES LinkedIn page today for info sharing>>
- Do you like NEHES? Then tell us you “like us” on the NEHES Facebook page>>
The healthcare landscape continues to change as more and more integrated health systems emerge through mergers, acquisitions, and partnerships. Facility managers need to understand the new business strategies and to manage and provide services with an open mind. Integrated systems have produced positive changes that are drastically improving the financial bottom line.

In following the national trend, Northeast Health System, formerly Lahey Clinic, in Massachusetts, affiliated to form a new integrated health care system called Lahey Health. The system was formed after years of extensive planning, due diligence exploration, regulatory review, and employee and physician discussions and buy-in. I had the advantage of being part of the process and wrote this article based on my experience to explain some of the methods we used to help successfully navigate becoming a health system, and to offer suggestions for facility professionals in similar situations.

The journey to create this health system began some time ago with a vision to have a community-based health care delivery system that would allow growth and fulfill the mission to provide quality community care locally at the lowest cost possible to patients. The affiliation between the three facilities was spurred, in large part, to meet the changes in the health-care landscape, including those caused by the Affordable Care Act. As we anticipated the changes to come, we quickly became aware of the opportunities to leverage human capital, purchasing power, and technology to gain efficiencies that would change the delivery of health facility services.

The creation of the Lahey Health System required pulling together three very different patient care delivery models. Such a move can have its challenges and, if not executed correctly, these challenges could impede the performance of the newly formed healthcare organization. Lahey Hospital & Medical Center is a physician-led, nonprofit group practice; Northeast Health System is an integrated community nonprofit health care system comprised of a network of community hospitals and behavioral health services, long term care, and human social service providers, and Winchester Hospital is a community hospital with ambulatory centers and clinics. The good news was that all three shared a focus on clinical excellence, quality and safety, and operational efficiency.

On of the most important factors for a successful affiliation is recognition that each organization has its own cultures. We recognized this early on and tried to keep the process as transparent as possible with employees. Treating transformation as an event is the best approach, rather than wandering into a mental, physical, and emotional process; this is critical for success when combining organizations.

According to an article by C.K. Goman in 2000 titled, “The Biggest Mistakes in Managing Change,” a large scale organizational change usually triggers emotional reactions—denial, negativity, tentative acceptance, commitment. Leadership must understand these reactions so they can facilitate the emotional process; ignoring this process could be at the peril of the organizational transformation effort.

Another important aspect of organizational change experiences by Lahey Health was the change in governance, hierarchy, processes, and, most importantly, autonomy. The leadership teams in each organization have been and continue to be affected, often in a positive manner. The newly formed organization understood the importance of naming the new hierarchy early in the process to ensure that organizational direction stayed intact. Newly formed system positions were filled with the leaders from each of the organizations. Strategic hiring can provide a level of relief to employees who recognized the merger of multiple organizations as a collegial process rather than an “us-versus-them” scenario.

Experience has shown that it is best for the newly formed organization to announce the change in governance quickly so leaders and staff are successful in moving change forward. Such was true with our facility management teams. One organization came to the process already with a vice president of facilities and multiple facility leaders with varying degrees of facility responsibilities and titles. Recognizing the available human capital, the vice president of facilities moved into a system role to establish leadership and structure by bringing facility directors and managers together from the various organizations within the newly formed system. This surely expedited the ability to leverage the market in a unified front—one face, one name now presenting as a large integrated health system. Maintaining three areas of focus can help create an integrated facility team that reduces cost and increases efficiencies for the newly formed system.

These areas are:

1. **Value-based purchasing**: Establish a value based purchasing process for facilities materials and services across the system to gain big results.

2. **Human capital**: Restructure work within the facilities departments to gain efficiencies.

3. **Common identity**: Develop a common identity among the facility managers to help secure and gain market share. This is especially important if one site or campus is much larger than another.

**Value base purchasing**

In our experience, facility manager from various sites have recognized that the new organization has created leverage and increased buying power with vendors, utilities, and contractors. When suppliers and service providers want your business, they will become highly competitive. Securing business from a newly formed healthcare system is highly desirable to vendors. This “collaborative-based purchasing” hinges on facility managers breaking down barriers to capture quick wins in savings by creating new arrangements and/or combining existing arrangements for purchasing materials and services with the creation of common product and service lines. Such action can include improving the purchasing tier by identifying a common market basket with a national supplier of facility materials or competitively bidding and contracting out the services of large utility systems, such as vertical transportation for the entire system.

Facility managers have become a key part of the integrated healthcare system by showing quick wins in reducing cost to the new organization. A facility manager’s ability to be flexible and nimble in the new healthcare environment is vital. If facility managers cannot work together, the affiliation or merger will flounder, and cost-

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**Mergers and Acquisitions**

**Reducing the Cost of Facility Operations**

Edmund Lydon, MS, CHFM, SASHE
Director of Support Services/Facilities
Northeast Hospital Corporation—a member of Lahey Health (Beverly Hospital, Adonis Gilbert Hospital and Bayridge Hospital)

(This article originally appeared in the Fall 2015 edition of Inside ASHE, copyright ASHE 2015.)
Organizational culture within system facility departments that will foster innovation, flexibility, and even competitiveness within the organization. Facility managers who embrace and become partners in the journey will be successful in adjusting the delivery of services and ensure that strategies are in place to recruit, select, train, and align personnel appropriately across the system to meet new service demands.

**Common Identity**

Lastly, facility managers need to be seen as positive and effective change manager within the ranks of the transforming organization. Healthcare is changing rapidly with the move from fee for service to global payment systems, accountable care organizations, value-based purchasing, pay for performance, at-risk contracts with payers, and the need to cut waste from the day-to-day delivery process. These changes demand the need for an efficient, culturally bonded, and talented facility workforce.

Healthcare has always relied heavily on strong facility managers to develop and support physical spaces that meet the needs of service delivery. Today’s environments must support a wide continuum of care that delivers safe, efficient, and high-quality services at the lowest cost to consumers. The facility manager does all this while conforming to the most stringent of regulations and guidelines in any industry. Ours is no small challenge!

As large integrated health systems form to meet the needs of the new healthcare delivery mandates, that complexity will need to be met with a workforce that is agile, embraces change, can develop new competencies, and is creative. Facility managers need to prepare themselves for this paradigm shift. We live, work, and compete in a growing competitive healthcare market that demands we be lean, efficient, and flexible.

The new healthcare market will deliver more care locally in homes, clinics, and in outpatient facilities, and hospitals, rather than the traditional sense as we have known, which means that in order to be successful, facility managers need to adapt and be part of the new delivery model. With this in mind, facility managers need to move quickly to be a part of the change ahead. If not, we risk being left behind.

(This article originally appeared in the Fall 2015 edition of Inside ASHE, copyright ASHE 2015.)

### Barrier Management Symposiums

"Some of The Joint Commission's top Survey Violations are Penetrations and Door issues in Fire and Smoke Barriers," said ASHE Region 1 Director Ed Lydon, SASHE, CHFM at a recent NEHES Planning Retreat. "In response, a series of Barrier Symposiums were begun this year and will continue through 2016."

The Symposiums are a joint effort of The Joint Commission (TJC), the American Society of Healthcare Engineers’ (ASHE), Underwriters Laboratories (UL) and the Firestop Contractors International Association (FCIA). They have been hosted throughout the country and are set up free of charge to participants.

"The Barrier Management Symposium is designed to increase the awareness about how these barriers are designed, installed, inspected and managed for long term fire and life safety. The goal will be to reduce these survey violations," said Lydon.

According to the Barrier Management Symposium website, Fire and Smoke Barriers installed in buildings are living elements of the structure. They are there to protect healthcare building occupants and used for horizontal evacuation of areas to fire or smoke resistant zones. These barriers and their ‘features’ form Effective Compartmentation. Fire and Smoke Barrier Management Systems in building design and operations is critical to maximize property protection, minimize death and injury and facilitate entry and travel in structures for emergency responders.

The Symposium is designed to increase the awareness of the healthcare engineering professional of the value Barrier Management Systems have while understanding the underlying keys to their long term success.

Information gained from this symposium will allow you to:

- Focus on technologies that have protected buildings for centuries.
- Manage the product and system evaluation, installation, inspection and maintenance of fire and smoke barrier components as a complete system.
- Improve the built environment for the healthcare facility that demand the best in fire and life safety through effective compartmentation.
- Increase knowledge about how to purchase, evaluate and manage all effective compartmentation technologies.

"We hope to have information soon about hosting this event in Region I in 2016," said Lydon.
Five Natural Disasters That Stung Healthcare

- **Hurricane Sandy, Oct. 29, 2012, Buffalo, New York**
  No one expected 60 inches of snow, not even in Buffalo, where storms roll in off Lake Erie early and often through a long winter. But a week before Thanksgiving, two to three feet of snow fell non-stop, halting traffic, including the vehicles of many hospital staffs who tried to work, only to turn back.
  For full article on how hospitals function during a natural disaster.>>>

- **Snowstorm, Nov. 2014, Buffalo, New York**
  Leave it to our friends in Vermont to lead the way on energy savings. The Northeast Recycling Council (NERC) in Brattleboro recently published a guide on saving energy with office equipment.
  The guide offers practical, actionable tips for saving energy with computers and computing equipment, as well as peripherals and imaging equipment. It reviews the biggest opportunities, explains them in layman’s terms, and provides practical tips for leading an initiative to increase IT energy efficiency.
  The guide is primarily intended for non-technical audiences, including sustainability, facility, energy, procurement, and business managers. The authors hope that it will provide the information and resources needed to drive computer and office equipment energy savings in your organization – even if you don’t work in IT.
  Download the Guide>

- **Hurricane Katrina, Aug. 29, 2005, New Orleans**
  Few remember that Katrina began as a Category 1 storm when it first made landfall in Florida, killing only two people. It was then downgraded to a tropical storm, but stalled in the Gulf of Mexico, gaining strength to a Category 5 hurricane. Hurricane Katrina became one of the deadliest hurricanes in U.S. history. An estimated 1,836 people died, according to livescience.
  - **Loma Prieta earthquake, Oct. 17, 1989, California**
  There have been many quakes in California over the past 26 years, and some have been of higher magnitude than 6.9, but the Loma Prieta earthquake of 1989 will long be remembered for its destruction of bridges and roadways that accounted for the majority of the 63 deaths in the quake.
  - **Hurricane Sandy, Oct. 29, 2012, New Jersey, New York**
  Hurricane Sandy tore up a wide swath of the east coast in October 2012, affecting 14 states and the District of Columbia. It devastated sections of the New Jersey shore and Long Island. A total of 117 died in this event.

OSHA Updates Key Hazards for Investigators During Healthcare Inspections

- **Snowstorm, Nov. 2014, Buffalo, New York**
  The U.S. Department of Labor’s Occupational Safety and Health Administration (OSHA) announced 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; blood borne pathogens; workplace violence; tuberculosis; and slips, trips and falls.
  A staff memo issued by the agency advises all such inspections, programmed and unprogrammed, to focus emphasis on these five focus hazards.

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.”

- **Hurricane Katrina, Aug. 29, 2005, New Orleans**
  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.

New Standard for Hazardous Drug Handling

- **Hurricane Sandy, Oct. 29, 2012, New Jersey, New York**
  From the U.S. Pharmacopeial Convention (USP): A new chapter, <800> Hazardous Drugs—Handling in Healthcare Settings has been approved. The revised General Chapter <800> will be published on February 1, 2016 in the First Supplement to USP 39–NF 34.
  For more info: http://tc96.ashraetcs.org/
Events & Dates to Remember

- March 20—23, 2016
  International Summit & Exhibition on Health Facility Planning, Design, & Construction
  San Diego, California

- April 1, 2016
  NEHES Spring Seminar at the DoubleTree by Hilton in Leominster, MA
  Maine Healthcare Engineers’ Society Chair: Dan Bickford

- July 10-13, 2016
  ASHE Annual Conference and Technical Exhibition
  Denver, Colorado

- August 5, 2016
  Twin State Seminar
  Sponsored by NH and Vermont Chapters
  Dartmouth-Hitchcock Medical Center
  Lebanon, New Hampshire

- September 25—28, 2016
  NEHES Fall Conference
  Mountain View Grand Resort-Whitefield, New Hampshire
  New Hampshire Society for Facility Managers
  Chair: Peter Girard

- For full list of ASHE Calendar of Events

Thanks to our NEHES President—Paul Cantrell

Thank you Paul Cantrell for your leadership, inspiration and great sense of dedication at all times. We appreciate the work you have done for NEHES.

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