NEHES Twin State Seminar
Dartmouth Hitchcock Medical Center
Lebanon, NH
Friday, July 28, 2017

This excellent educational program will be eligible for 6 continuing education contact hours from the American Society for Healthcare Engineering, of the American Hospital Association, to help with your educational and recertification requirements.

The program is open to a limited number of healthcare facility professionals, and their Supporting Member partners, that meet one of the following requirements:
1. A current Active member of the New England Healthcare Engineers’ Society (NEHES)
2. A current Active member of a NEHES state chapter
3. A Supporting Member of the New Hampshire Society of Healthcare Facility Managers (NHSHFM)
4. A Supporting Member of the Vermont Healthcare Engineers Society Chapter (VHES)

If you meet one of these requirements and would like to attend, you must register before Friday, July 21, 2017 to reserve a space.

There are absolutely no fees for this educational program thanks to continuing support from the New England Healthcare Engineers' Society.

Please join us and reserve your spot today by contacting Jona Roberts at: jona.roberts@hitchcock.org to register.

You must register by Friday, July 21st, to reserve your spot.

For state chapter membership applications, or for NEHES membership information go to http://nehes.org/membership

Sponsored by:

- New Hampshire Society of Healthcare Facility Managers
- Vermont Healthcare Engineers Society
Opening Keynote: Science and Education  
Greg DeFrancis  
Associate Director of the Montshire Museum of Science and Director of Education

Greg DeFrancis, Associate Director of the Montshire Museum of Science and Director of Education, manages and develops all aspects of the museum’s teacher education programs including summer institutes, school district science education consulting, and in-service workshops. He manages school programs, such as the development and teaching of new programs. Greg will engage and enlighten all attendees with his energetic presentation.

Closing Session: CMS Common Findings  
Dave Dagenais, BS, FASHE, CHFM, CHSP

David A Dagenais, CHSP, CHFM, FASHE, Director of Plant Operations and Safety Officer at Wentworth-Douglass Hospital will present the most common survey findings since the adoption of the 2012 editions of NFPA 99 and 101.

Dave Dagenais has been in healthcare for over 20 years and is currently the Director of Plant Operations and Security at Wentworth-Douglass Hospital in Dover, NH and Past President of ASHE and the New England chapter of ASHE. Dave has earned his FASHE designation with the American Society of Healthcare Engineers, and is a Certified Healthcare Facility Manager and a Certified Healthcare Safety Professional. He has helped lead ASHE’s advocacy work and has been involved with code development organizations to improve the codes and standards regulating hospitals for several decades. He also served as a police officer for 11 years and is a member of the International Association for Healthcare Security and Safety.

ADA Standards Review  
Carmine DeBlasi  
Technical Leader / Code Consultant, Lavallee Brensinger Architects

Lavallee Brensinger Architects’, Carmine DeBlasi, will lead a presentation and discussion on the accessibility standards, including ADA and ANSI. The review will include an overview of the law, construction guidelines, and application to the built environment.

Learning objectives:  
Participants will become familiar with:  
• The intent and application of the ADA law  
• The scoping requirements of the ADA for public and private facilities  
• The construction guidelines specific to healthcare institutions  
• Unique conditions that exist that challenge ADA compliance  
• The most common areas of ADA non-compliance

Carmine offers more than 20 years of experience working within the healthcare field. His background includes service with the Commonwealth of Massachusetts Office on Disability.

The role of Technical Leader is to ensure that each of our projects is guided by experienced technical oversight and a deliberate Quality Control process, from project start to finish. Carmine’s responsibilities include: Document review during each phase of project development for technical accuracy, conformance with Owner’s building standards, and constructibility; determination of applicable codes and regulations and related analysis; ADA and 521 CMR accessibility evaluation; participation in meetings with regulatory authorities; material research and specifications; and team consultations regarding technical details.
Loss Prevention Each Day Keeps the Disruptions Away

Amy Daley
Staff Vice President, Education, Healthcare & Affinity Groups
Global Practice Leader, FM Global

Matthew Daelhousen
Staff Vice President, Senior Engineering Technical Specialist, FM Global

Global is a property insurance company whose philosophy is that the majority of losses are preventable. With that in mind, we have identified strategies to mitigate risks in a large variety of occupancies, including healthcare organizations. This presentation will provide an overview of the property insurance industry as it relates to healthcare and what makes FM Global unique in that sector. We will discuss hospital loss history and highlight the major loss prevention recommendations that we provide to our clients. Finally, we will review the differences between FM Global data sheets and other codes and standards.

Learning Objectives
- Understand property loss prevention from an insurance company prospective.
- Learn the differences between various codes and standards.
- Identify practical property risk solutions that enable your organization to be a highly protected risk.

Amy Daley is Staff Vice President, Education, Healthcare & Affinity Groups Global Practice Leader at FM Global and is located in the company’s corporate offices in Johnston, Rhode Island. Daley provides leadership to enable FM Global’s worldwide growth and client retention in the health care, education and other affinity industries. With more than 25 years of insurance industry experience, Daley previously served as an account manager in FM Global’s Boston operations. Prior to joining the mutual insurer in 2010, she held positions as a property and casualty reinsurance underwriter, broker and commercial underwriter, as well as a loss control specialist. She is an undergraduate of Grand Valley State University, Allendale, Michigan and received her MBA from the University of Hartford, Hartford, Connecticut. Amy is actively involved in ASHRM, ASHE, URMIA, RIMS, NACUBO and The Center for Campus Fire Safety and holds an Associate in Risk Management designation from the Insurance Institute of America.

Matthew Daelhousen is Staff Vice President, Senior Engineering Technical Specialist in FM Global’s Engineering Standards group. He is the manager of the Protection and Special Hazards team that produces FM Global Property Loss Prevention Data Sheets related to fire protection systems and various commercial and industrial occupancies. The team is responsible for the oversight and development of over 160 of these data sheets and represents FM Global on over 60 industry groups and technical committees. Prior to joining the Engineering Standards group in 2009, Matthew spent several years with Code Consultants, Inc., a fire protection and life safety consulting firm, and 6 years with FM Approvals, where he worked extensively with the third party certification of fire protection systems. Matthew holds a Bachelor of Science in Mechanical Engineering (Worcester Polytechnic Institute), a Masters of Science in Fire Protection Engineering (Worcester Polytechnic Institute), and a Masters of Business Administration (Boston College).

NFPA 80 Standard for Fire Doors and Other Openings
Rodney W. Weaver, AHC, FDAI, CFDI, CAI
Director of Education and Technical Services, DHI Door Security + Safety Professionals

Doors and hardware play a significant role in life safety. Fire door assemblies are essential elements in containing fire and smoke. It is critical that code officials, building owners and managers understand the importance of providing and maintaining the protective barriers in their facilities. The building owners and managers must also be educated as to what components make up the barriers, and how to maintain the barriers over the life of the building.

The Foundation’s Education Session will provide guidance on how to comply with the NFPA 101 2012 edition’s requirement of...
mandatory annual inspection of fire door assemblies. The session will review the requirements of the referenced revised NFPA 80 standard, including how to schedule the required inspections and correctly document the maintenance, inspection and testing of the fire door assemblies. The session will also teach how to locate and identify the fire door assemblies, how to confirm if the components of the assemblies are fire rated, are installed per the manufactures instructions, and are in working order.

The session also reviews the requirement that the facility engage a qualified person to perform the fire door inspections, and review resources for obtaining education for the field staff on how to perform the care, maintenance and inspections of the fire door assemblies.

Learning Objectives
• Recognize the inspection / maintenance requirements of fire door assemblies
• Identify the fire door assemblies within the building
• Select and summarize and inspect all the fire rated assemblies in the barriers per the life safety drawing
• Provide education to employees who maintain the fire door assemblies

Rodney W. Weaver has been in the door and hardware industry for over 28 years. Architectural Hardware Consultant (AHC) per the Door and Hardware Institute, Fire Door Assembly Inspector (FDAI) per the Door and Hardware Institute, Certified Fire Door Inspector through IFDIA and ALOA, and Certified ACE Instructor per ALOA. Experienced in Life Safety and Fire Codes, Architectural Door Hardware and in locksmithing; developing key systems, installation and maintenance of door hardware. While working for a contract hardware distributor his responsibilities included specification writing, estimating, ordering and project management. He has managed the Vertical Market Specialists for ASSA ABLOY Door Security Solutions in the Washington DC area. For 4 years, he was the National Trainer for ASSA ABLOY Americas University where he built and delivered instructor-led courses. Most recently, he is the Director of Education and Technical Services for DHI Door Security + Safety Professionals and sits on the NFPA 80 Technical Committee. Currently a member of (DHI) Door and Hardware Institute, ASIS International, Associated Locksmiths of America (ALOA), NFPA (National Fire Protection Association), ICC (International Code Council) Certified ALOA Instructor (CAI) received 2013. He can be contacted via e-mail at rweaver@dhi.org

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### 2017 TWIN STATE SEMINAR AGENDA

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<td>8:45 AM</td>
<td>Welcome</td>
<td>VT, NH</td>
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<td>9:00 AM</td>
<td>Science and Education</td>
<td>Greg DeFrancis</td>
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<td>10:00 AM</td>
<td>Break</td>
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<td>10:30 AM</td>
<td>Loss Prevention Each Day</td>
<td>Amy Daley and Matthew Daelhousen</td>
<td>FM Global</td>
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<td>11:30 AM</td>
<td>ADA Standards Review</td>
<td>Carmine DeBlasi</td>
<td>Lavallee</td>
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<td>12:30 PM</td>
<td>Lunch</td>
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<td>1:30 PM</td>
<td>NFPA 80 Standard for Fire Doors and Other Openings</td>
<td>Rodney W. Weaver</td>
<td>Door and Hardware Institute</td>
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<td>3:00 PM</td>
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<td>3:15 PM</td>
<td>CMS Common Findings</td>
<td>David Dagenais</td>
<td>Wentworth-Douglass Hospital</td>
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NEHES Fall Conference set for September 24 to 27, 2017  
Sheraton Burlington Hotel — Burlington, Vermont

For the 2017 NEHES Fall Conference, members will trek from throughout New England to the Sheraton Hotel in Burlington, Vermont to take part in this once a year special event. The timing could not be better as the foliage season will be underway and the mountain views spectacular.

“Burlington is a great city,” said Wes Pooler, CHFM, Chair of the conference working along with the Vermont Healthcare Engineers’ Society. “Members will love the contemporary design of the hotel with many conveniences and a wide array of activities for down time or for families that might accompany conference attendees.”

Pooler is Director of Facilities Management for The University of Vermont Medical Center. He notes that the theme for the conference is “CHAMPioning Patient and Family-Centered Care.” Like many Fall Conferences, the event will have a special mix of educational presentations, vendor displays, social events, opportunities to network and the NEHES Annual Meeting. There will also be the opportunity to recognize members for their service to NEHES and to give out special award recognition.

NEHES members might remember that last year’s conference in Whitefield, New Hampshire had a special dinner and reception on Monday evening of the conference. Pooler promises an entertaining gala in 2017 with food, drink, and live music in an historic mill venue, Waterworks Food & Drink with spectacular views of the Winooski River.

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

EDUCATIONAL SESSIONS

Joint Commission: Insight into the Top Cited Elements of Performance and SAFER Scoring  
Bryan Connors, MS, CIH, HEM from Environmental Health and Engineering, Inc.

Healthcare Evolves from Sustainability to Wellness  
Rick Rome, PE, LEED AP, Nolan Rome, PE, LEED AP and Daniel Hurley, PE, LEED AP from WSP

Legionnaires’ Disease - Controlling a Very Costly and Scary Hospital Acquired Infection  
Tim Keane, original voting member of ASHRAE 188 from Legionella Risk Management, Inc.

Keynote – Getting Better All The Time: How Our Communities Will Benefit From The Energy Revolution

Neale Lunderville, General Manager of the Burlington Electric Department, will kick off the Fall Conference.

Neale F. Lunderville was appointed General Manager of Burlington Electric Department in April 2015, and served as Interim General Manager from July 2014 to April 2015. Prior to BED, he was Chief Executive Officer of NG Advantage LLC, a natural gas distribution company. Neale served as the Leader of Enterprise Innovation at Green Mountain Power. In 2011, he was appointed Irene Recovery Officer for the State of Vermont, leading and coordinating Vermont’s recovery from the worst disaster to hit the state since the floods of 1927. He served in two top cabinet posts in Vermont state government: as Secretary of Administration from 2008 to 2011, where he oversaw the daily operations of state government; and as Secretary of Transportation from 2006 to 2008. Neale also served as Secretary of Civil and Military Affairs and as a member of the governor’s senior staff. He has served on the Governor’s Council of Economic Advisors since 2003. He is a board member of the Preservation Trust of Vermont, Vermont Long Term Disaster Recovery Group, Vermont Journalism Trust, and Champlain College. Neale graduated from American University in Washington, D.C. and was awarded its 2012 Alumni Achievement award.
The NEHES Spring Seminar is well known for a wide variety of educational presentations and this year was no different. The theme of the day was “Dynamic Facilities for Healthier Communities.”

With 350 members in attendance, there was plenty of networking buzz as members shared stories about their most recent projects, challenges, and happenings.

The Supporting Member forum brought together a small group of technical exhibitors to give feedback on the Spring Conference and on initiatives underway by the NEHES Board.

View the educational presentations online, visit www.nehes.org.

The Host Chapter – Phil Roth welcomed attendees on behalf of the Connecticut Healthcare Engineers’s Society which hosted the spring event.

Lively Presentation – Ron Coté, P.E., Lead Engineer for Life Safety with the National Fire Protection Association gave a brisk presentation about NFPA Health Care Facility Rehabilitation and applying NFPA 101® Chapter 43 effectively.

Running the Show – Coordinating the event for the first time were representatives from CMP, the administrative services provider for NEHES. At left is Carolyn Price, CAE, President of the firm and Debbie Peterson, Association Executive who operated the registration area and details of the seminar.
The President’s Message - Alison W. Brisson

Alison Brisson, CHFM
Sr. Manager, Regional Facilities
Dartmouth-Hitchcock
Bedford, New Hampshire
2017 NEHES President

Spring is in the air and summer is near in New England! I am pleased to report that the NEHES Spring Seminar in Leominster, MA was a great success. My sincere thanks goes to the many speakers, planning team, Spring Conference Chair Paul Roth, CHFM and our hosts the Connecticut Healthcare Engineers’ Society. And thanks to ALL of you, our members, who came out despite the weather to help make the day so very valuable.

There are many more opportunities to sharpen your skills this summer. The NEHES Twin State Seminar will be held at Dartmouth-Hitchcock Medical Center on July 28th. Featured, will be a survey preparation discussion with Dave Dagenais, FASHE, CHFM, CHSP and an ADA presentation from Lavallee Brensinger Architects. The ASHE Annual Conference will be held in Indianapolis, Indiana August 6th through the 9th. Hope to see you at both of these events!

Another great way to boost your skill set and work towards a SASHE designation is to write an article for this newsletter. I know you have knowledge that our membership would benefit from, so why not write it down? You could even win a prize under our “article of the year award”! We need your submissions to continue to make this publication valuable to our members.

So, as the lakes warm up and the black flies float away – be thinking about how you can spend your time this summer becoming the best healthcare facilities professional you can be. The resources are available through your local chapter, NEHES and ASHE. You just have to take advantage of them! Hope you have a happy and safe summer.

Alison W. Brisson, CHFM
2017 NEHES President

54th ASHE Annual Conference - August 6-9, 2017 - Indianapolis, IN

The ASHE Annual Conference and Technical Exhibition is the trusted national conference and trade show for healthcare facility management and engineering professionals. This year’s event is slated for August 6-9 in Indianapolis, Indiana.

More than 3,800 professionals gather on-site to get vital information on health care compliance, codes and standards updates, emerging trends, and best practices for efficiency, sustainability, emergency preparedness, and other pressing topics in the field. There will be plenty of opportunities for education, networking, socializing and taking a moment or two to honor the healthcare engineering profession.

Education credits are also available through ASHE with the awarding of continuing education units and contact hours.

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

Who should attend the conference? Just about anyone who works in healthcare engineering, but especially:
- Health care facility managers
- Health care engineers (clinical, biomedical, electrical)
- CEOs and CFOs
- VPs of support services
- Health care construction managers
- Environmental managers
- Safety and security managers
- Project managers
- Health care property managers
- Contractors
- Architects

For more information about attending the conference, visit www.ashe.org.
State Chapter Reports

New Hampshire

Recent program topic has included:
Understanding ADA Impact on Facility Design, Fire Door Inspection & Maintenance Class for Mechanics & Technicians

Upcoming topic:
July 28 Twin State Seminar

President:
Greg D’Heilly, CHFM
Facility Manager, Dartmouth-Hitchcock Concord
Gregory.E.DHeilly@hitchcock.org

Vice President:
Peter Girard, CHFM
Facility Manager, Dartmouth-Hitchcock Manchester
Peter.r.girard@hitchcock.org

Secretary/Treasurer:
Tim Bishop, CHFM
Facility Manager, Dartmouth-Hitchcock, Nashua
Timothy.m.bishop@hitchcock.org

NEHES Chapter Rep:
Scott Lever
Mechanical & Utilities Systems Manager, Nashua
Southern NH Medical Center
scott.lever@snhhs.org

Membership Update:
· 42 Active Members
· 35 Supporting Members
· 4 Lifetime Members
· 81 Total Members

Massachusetts

2018 NEHES Fall Conference will be hosted by the Massachusetts Chapter

Scholarship Fund – The Chapter has started a scholarship fund to help support the educational goals of its members.

President:
Dave Fowler
Senior Director- Support Services, Anna Jacques Hospital, Newburyport
DFowler@sjh.org

Secretary:
Dann Boyer
Sturdy Memorial Hospital, Attleboro
DBoyer@sturdymemorial.org

Treasurer:
Paul DeViller
Director of Support Services, Lahey Medical Center, Peabody

NEHES Chapter Rep:
Corey McNulty, CHFM
Regional Director of Plant Operations, Vibra Healthcare, New Bedford
CMcnulty@newbedfordrehab.com

Membership Update:
· 72 Active Members
· 79 Supporting Members

Maine

Recent program topic has included:
Communication Strategies by Marc Fournier, MBA, MHA, FACHE, FABCHS, CHFM, Vice President at Southern Maine Health Care. A total of 13 engineers attended along with 33 supporting members.

Upcoming topic:
The Annual Cabbage Island Lobster Bake

President:
Timothy M. Doak, PE, PLS, SSGB
Eastern Maine Healthcare Systems
tdoak@emhs.org

NEHES Chapter Rep – Secretary/Treasurer:
Cole Teague, CHC, CHFM,
Director of Facilities Management, Franklin Memorial, Farmington
cteague@fchn.org

Alternate NEHES Rep:
Dan Bickford

Membership Update:
· 23 Active Members
· 17 Supporting Members

Rhode Island

Recent program topic has included:
New Silica Dust OSHA Regulations for 2017 Dust Removal for Hospitals

President:
Charles Brown
Facilities Operations Manager, South County Hospital
cbrown@schospital.com

Vice-President:
Robert Dunning,
Director Facilities Management, South County Hospital

Treasurer:
John R. Zoglio, MBA, CHFM, CHSP
Manager of Safety and Emergency Preparedness, Kent Hospital
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NEHES Chapter Rep/Secretary:
James Carroll
Director of Facilities, Butler Hospital
jcarroll@butler.org

Membership Update:
· 23 Active Members
· 17 Supporting Members

We did not have a meeting in April due to many changes in Care New England including decision to be acquired by Partners. CNE makes up a good percentage of RIHES and there were major job reductions throughout the system all of April in which several RIHES members were affected so it was difficult to schedule any meetings. RIHES did lose one of our board members to these cuts and hoping to keep him active while he decides his future. The dust has settled and more time will be available to support RIHES. This stresses the importance of recruiting members from Rhode Island’s biggest system “Lifespan” which we have not been successful in doing. It will make RIHES much more sustainable when these events take place.

Connecticut

Recent program topic has included:
Discussed SB 904 Department of Health Adoption of FGI Guidelines for Hospitals. Reviewed Department of Health inspections and Joint Commission Surveys at CT Hospitals

President and Chapter Rep:
Paul Roth, CHFM,
Facilities Operations Manager,
**State Chapter Reports**

**Connecticut**
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**Rhode Island**
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President, n|e|m|d Architects, Inc  
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**Welcome New Members**

**Connecticut**
Reaghan Schicker  
Lead Architect/Project Manager  
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reaghans@tectonarchitects.com

**Massachusetts**
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**New York**
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**Pennsylvania**
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**Rhode Island**
Mehdi Khosrovani  
President, n|e|m|d Architects, Inc  
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mehdik@nemd.com
NHSHFM Presentation:
Understanding the Americans with Disabilities Act -
Impact on Facility Design and Operation

Peter Girard,
CHFM
Facilities Manager
Dartmouth-Hitchcock
Manchester, NH
2017 NEHES Membership Chair, NHSHFM Vice President

This presentation provided an overview of the ADA requirements applicable to healthcare facilities and review changes in these requirements in the 2010 Americans with Disabilities Act Standards for Accessible Design. Common design challenges and solutions were shared.

Learning Objectives:
• Understand ADA Requirements for Businesses and Non-Profits (Title III)
• Understand changes from the 1991 Standards to the 2010 Standards for Accessible Design
• Understand Specific Requirements for Healthcare Facility design.

To enhance understanding of why many of these requirements are in place, this session also included the opportunity to perform specific tasks with simulated visual and physical limitations.

The NHSHFM education session in April with focus on ADA requirements put on by Harriman Architects elevated awareness for our members. The presentation included hands on activities which simulated the challenges people with various disabilities face without the proper ADA requirements in place within our facilities. Participants were able to try to navigate hallways with blindfolds, glaucoma glasses, wheelchairs or crutches. This type of education is a great way to teach people another aspect of project management for a new building, or renovation, to meet the needs of our customers with disabilities. I want to thank Carol Gillis & Marty Beatrice from Harriman Architects for presenting to our group.
Recently, George Mills, Director of Engineering from The Joint Commission provided clarification in regards to the Life Safety Code© in the June 2, 2017 blog posting, use this link.  https://www.jointcommission.org/dateline_tjc/top_four_life_safety_code_requirements_debunked/

The guidance is in reference to:

**Emergency Department (ED) occupancy classification — Life Safety (LS)**

- **LS.02.01.10, Element of Performance (EP) EP 1, LS.03.01.10, EP 1:** EDs could be classified as health care occupancies or ambulatory health care occupancies.
- Facilities that provide sleeping accommodations for persons who are mostly incapable of self-preservation, or that provide housing on a 24-hour basis for occupants, are classified as health care occupancies, per National Fire Protection Association (NFPA) 101-2012, 18/19.1.1.1.5 and 18/19.1.1.1.9.
- **An ambulatory health care occupancy is used to provide services or treatment simultaneously to four or more patients that provides, on an outpatient basis, one or more of the following:**
  - Treatment for patients that renders the patients incapable of taking action for self-preservation under emergency conditions without the assistance of others
  - Anesthesia that renders the patients incapable of taking action for self-preservation under emergency conditions without the assistance of others
  - Emergency or urgent care for patients who, due to the nature of their injury or illness, are incapable of taking action for self-preservation under emergency conditions without the assistance of others.

**Annual door inspection — Environment of Care (EC)**

- **EC.02.03.05, EP 25:** Annual inspection and testing is required for fire doors and smoke door assemblies, per NFPA 80-2010, Standard for Fire Doors and Other Opening Protectives, and NFPA 105-2010, Standard for Smoke Door Assemblies and Other Opening Protectives, per NFPA 101-2012 section 7.2.1.15. Annual inspection and testing must be completed by July 5, 2017, which is one year after the Centers for Medicare and Medicaid Services (CMS) regulatory adoption of NFPA 101-2012 edition. Although health care and ambulatory chapters of NFPA 101-2012 do not specifically cite 7.2.1.15, chapters 18/19.2.2.1 refer to 7.2.1. Lastly, both CMS and The Joint Commission believe these door inspections are beneficial to the ongoing reliability of the organization fire protection program.

- Doors to be included in the annual door inspection (based on 7.2.1.15) include:
  - Door leaves equipped with panic hardware or fire exit hardware in accordance with 7.2.1.7
  - Door assemblies in exit enclosures
  - Door assemblies with special locking arrangements subject to 7.2.1.6

- The Joint Commission does not require the following doors to be included in the annual door inspection:
  - Corridor doors (i.e., patient room doors)
  - Office doors (provided the room does not contain flammable or combustible materials)

**Furthermore, The Joint Commission clarified that corridor doors that are not required to be fire doors or smoke door assemblies (e.g., patient room doors) are not subject to the NFPA annual inspection and testing, but should be routinely inspected as part of a facility maintenance program.**

- Doors to be included in the annual door inspection (based on 7.2.1.15) include:
  - Door leaves equipped with panic hardware or fire exit hardware in accordance with 7.2.1.7
  - Door assemblies in exit enclosures
  - Door assemblies with special locking arrangements subject to 7.2.1.6
required by the Code, shall be either maintained or removed, per NFPA 101-2012, section 4.6.12.3. Therefore, doors shall be maintained per the barrier assembly requirements, but in cases where a fire-rated door is used in a nonrated barrier assembly, the fire door must be maintained as a fire door unless the features which identify it as a fire door have been removed in a manner that maintains the opening protective requirements applicable to the barrier into which it is installed.

For example, if a 90-minute, fire-rated door was installed in an existing smoke barrier, the door would need to be annually inspected and tested as a fire door, and the smoke barrier maintained as a smoke barrier. If the 90-minute door was modified to remove all fire door hardware and labeling (i.e., removing the bottom rod and floor receiver) and repaired as a smoke barrier door (see NFPA 105-2010, 5.1.4), the door could be annually inspected and tested as a smoke door.

Fire Drills and Varying Times — EC.02.03.03, EP 3: Fire drills conducted no closer than one hour apart would be acceptable, however, as drills must be performed under varying conditions per 18/19.7.1.6 there should not be a pattern of drills being conducted one hour apart. This has been a finding for a number of health care organization. The Joint Commission surveyors have a fire drill matrix tool for identifying compliance with this standard. The tool can be found on the take 5 series http://hwcdn.libsyn.com/p/2/ef/2effeb06a5e16828/Take_5_EpC_Fire_Drill_Matrix_Tool_final_3_10_17.mp3?c_id=14522155&expiration=1496612415&hwt=59d94661382f2db8613258d9d56027f5 and for additional information regarding performing fire drills see The Joint Commission EC News August and October 2016 edition.

In regards to survey activity be prepared to discuss ligature risk in the Emergency Department and psychiatric setting. This past March, The Joint Commission began placing a greater emphasis on the assessment of ligature, suicide and self-harm observations in psychiatric hospitals and inpatient psychiatric patient areas in general hospitals. According to The Joint Commission, suicide is second on the list of The Joint Commission’s sentinel event database and they have declared this is a national concern for psychiatric hospitals and inpatient psychiatric patient areas in general hospitals. The Joint Commission has begun a “Zero Suicide” campaign which has set a new bar to eliminate suicides in health care facilities. There is little disagreement that a facility that can eliminate environmental risks is reducing the means and opportunities for patients to commit suicide and/or harm themselves.

Lastly, the best way to survive survey is to ensure you have an understanding of the 2012 editions of the Life Safety Code and Health Care Facility Code. This can simply be achieved by taking the ASHE e-learning courses as well as attending local chapter educational opportunities.

I would like to take this opportunity to appeal to all members; the Centers for Medicare & Medicaid Services (CMS) is proposing within the current Hospital Inpatient Prospective Payment System proposed rule that all accrediting organizations post provider/supplier survey reports and plans of corrections (PoCs) from CMS-approved accreditation programs on their website—a move that would make survey reports and PoCs publicly available.

I believe most would agree the importance of transparency; however it is equally important to sharing information to the public that accurately presents the broad view of hospitals quality / compliance improvement initiatives.

Recently, AHA / ASHE released an alert to their membership, advising ASHE members that they would like to see CMS address before moving forward with this proposal, away that would make survey reporting information easy to understand by the general public.

ASHE encourages its members to consider the effect that publicly available accrediting organization surveys could have on their health care organizations. ASHE encourages members to submit comments for the proposed rule. The proposed rule is available online, and the portion regarding public survey reports is located in the final paragraphs of the proposed rule. Public comments are due by 5 p.m. Eastern Time on June 13. The link for comment is as follows: https://www.federalregister.gov/documents/2017/04/28/2017-07800/medicare-program-hospital-inpatient-prospective-payment-systems-for-acute-care-hospitals-and-the
Financing Energy Efficiency: Energy Service Performance Contracts

By Seth Berkman
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Boston, MA 02109
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Hospitals Face Budgetary Challenges
Hospital CFOs face the unenviable task of creating and meeting a budget amid trends that have made forecasting revenues and expenses more complex and less predictable. Sean Angert, a healthcare consultant with Advisory Board, recently observed that compared to just five years ago:

- “Volume projections are less steady with the trend toward high deductible plans, in part because many consumers will delay or avoid care that would have previously been delivered.”
- “As healthier patients are directed to lower-cost sites, hospitals are seeing an increase in the average severity of their patients’ conditions, requiring them to deliver more costly acute care.”

As a result, hospital leaders no longer have the luxury of confidently projecting their finances. In this context, it can be difficult for energy infrastructure improvements to make it into the budget – especially if the hospital has a long maintenance backlog.

High Energy Costs

Budgetary challenges notwithstanding, it is critical for hospitals to actively manage their energy consumption. This is because hospitals rank as the second most energy intensive type of commercial building. Hospital energy use is high because of around-the-clock demand as well as specialized, energy-intensive equipment like MRIs. But with tight and uncertain budgets, how can facilities managers get their CFOs to sign off on energy infrastructure projects?

Energy Savings PerformanceContracts

The Energy Savings Performance Contract (ESPC) is a potential solution for capital-strapped institutions looking to save energy while avoiding a large price tag. An ESPC is a contract in which an energy user and a contractor partner to implement energy conservation measures (ECMs), then share the project savings for the duration of the contract. The process is fairly straightforward (in concept, if not always in execution).

1) Conduct an initial energy audit to establish a utility cost baseline and identify potential ECMs.
2) Conduct an investment grade audit (IGA) incorporating advanced design, estimated project costs, and a savings guarantee. This savings guarantee is used as a mechanism to procure finance.
3) Implement the ECMs.
4) Measure and verify the savings.
5) Split the savings with the contractor during the contract. Collect all savings after the contract.

Organizations with limited staff availability or expertise can engage an Owner’s Agent to help manage the ESPC. The Owner’s Agent helps by creating a preliminary list of ECMs, developing the RFP, screening the EPC contractors, reviewing the IGA, managing the implementation of the ECMs and verifying the M&V results.

The Benefits
The key benefit of an ESPC is clear. It enables hospitals and other institutions to address aging infrastructure and minimize the risks of rising energy costs and volatility without bearing the up-front capital investment. This model is also flexible enough to advance a suite of complex and capital intensive improvements including upgrades to lighting, windows, boilers, HVAC, automated controls, insulation, energy management systems, water conservation measures, and solar panel installations.

The Risks
While an attractive option, the ESPC comes with its downsides. The cost of avoiding any upfront capital cost is that you must share the savings for the duration of the contract, which can extend up to 25 years. ESPCs also include strict M&V requirements, as well as tight legal parameters to work within.

Whether the convenience of the ESPC and its promise of guaranteed savings and positive cash flow outweigh these factors must be evaluated on a case-by-case basis. But for the CFO looking to creatively take control of a significant cost driver, this unorthodox solution may offer the flexibility needed to move the hospital’s energy plan forward.
Energy and Water Survey

ASHE is asking all health care facilities to complete its 2016 Energy and Water Survey, which will help update ENERGY STAR scoring models in addition to identifying energy and water use trends. The data will be anonymously shared with the U.S. Environmental Protection Agency with the goals of:

• Updating the ENERGY STAR 1-100 score models for both General Medical & Surgical Hospitals and Medical Office Buildings
• Expanding to new ENERGY STAR 1-100 score models for other health care space types
• Evaluating the potential to develop a 1-100 score for water efficiency

Over 5,000 hospitals have used EPA’s free ENERGY STAR Portfolio Manager to benchmark their energy performance, making it the industry standard in healthcare.

Portfolio Manager allows FMs the ability to compare their hospital’s energy performance to their peer group through the ENERGY STAR score.

Portfolio Manager is the only path to become ENERGY STAR certified by the U.S. Environmental Protection Agency.

• Understand whole building energy and water consumption – ES score allows you to compare to peer group
• Track changes in energy, water, greenhouse gas emissions, and cost over time - Identify and address potential problems by looking at monthly trends
• Assess the impact of energy, water, waste management strategies

Earn CEUs (contact hours) by submitting completed surveys. ASHE will provide 0.2 CEUs (2 contact hours) per complete survey to go toward renewal of your CHFM, CHC, or any other certification. Participants can earn up to 1.0 CEU (10 contact hours) max per person. Those who already completed the survey will receive confirmation in their inbox.

All health care organizations are encouraged to participate. A large response rate is critical because large amounts of data is needed to update the ENERGY STAR scoring models. To help encourage participation, ASHE will randomly select one survey participant from each ASHE region to win a $250 Amazon gift card.
By Steven Jalowiec, PE, CHFM  
Vice President  
Engineering Services  
Hospital Energy  
sjalowiec@hospitalenergy.com

As more hospitals and health care systems pursue ways to conserve energy and increase sustainability, new methods are needed to go beyond the routine. For those ready to take the next step, opportunities exist under newly published ASHE best practices for energy procurement.

The best practices create the foundation for managing energy as a financial investment. With support gained from aligning internal administration, and using the services of advisors armed with analytical data and energy market expertise, health systems have cut the cost of their energy purchases.

The strategy has saved health care systems an average of 10 percent compared to traditional energy purchasing methods that usually entail locking in a fixed rate over a defined period of time with their supplier, according to Hospital Energy, an energy purchasing consulting firm that works with health care systems.

The fundamentals of the strategy are outlined in a monograph called Energy Procurement: A Strategic Sourcing How-To Guide, which is offered by the American Society for Healthcare Engineering (ASHE) of the American Hospital Association. The monograph was co-authored by Mark Mininberg, president, Hospital Energy, and Walter Vernon, PE, CEO, Mazzetti + GBA.

They, along with Craig Onori, Vice President Operations, Lehigh Valley Health Network, Allentown, Pa., gave a presentation called New Best Practices In Energy Procurement at the International Summit and Exhibition on Health Facility Planning, Design and Construction in Orlando in March. The session focused on success stories and the fundamentals required to make energy procurement work. Mininberg explained that the three essential elements include:

- Establishing an internal energy committee that include C-suite financial officers and facilities and supply chain leaders.
- Accessing market analytics and expertise, particularly financial risk management tools.
- Forming or joining an aggregation of hospitals within a health system or through a group purchasing organization to establish purchasing power and leverage.

At the presentation, Onori reported that by actively managing a mix of fixed-rate and variable index energy contracts over a two-year period Lehigh Valley Health Network saved $2.6 million compared to its prior strategy of buying most of the energy at fixed rates. The savings was achieved through employing best practices, even though the market appeared to have reached a bottom in the base year of 2015.

Determining when and how much electricity and natural gas to purchase to benefit from price fluctuations that occur throughout the year and even within a day is complicated business and requires expertise, Onori says. “Well, you know it’s a complex market and there are a lot of variables, so that’s where you need a good partner.”

While the traditional method of locking in an energy contract at a fixed price for a period of time with a supplier seems safe, data shows that it has, in fact, been more costly over time compared to actively managing the hospital’s energy spend in the wholesale market, Mininberg says.

Again, a key to savings is knowing how to manage price risk and adjust the volumes purchased. When a hospital actively manages its energy spend, it begins by contracting with a supplier to buy its energy at a variable index rate. This means the hospital pays the wholesale rate when the energy is used. Since the wholesale rate fluctuates throughout each day, this type of contract is called a variable index rate, Mininberg explains.

Because the index rate has been lower, on average, than fixed rates over the past 10 years, best practices demonstrate that contracts based on a mix of the index pricing and fixed pricing can minimize risk and capitalize on seasonal price fluctuations. Under best practices, the hospital uses financial modeling to identify opportunities to set fixed prices for portions of its load. This approach helps lock in savings and minimize market risk over time. This analytical approach balances the desire for lower prices and the need for greater budget stability. That strategy in large part has enabled Adventist Health System to experience substantial savings. By following best practices, including aggregation of more than 40 hospitals in 10 states and forming an astute energy committee, the system has used financial analytics to create about $2.5 in additional savings over the past two years, says Jim Shirley, who leads the system-wide committee at Adventist.

ASHE members can download the monograph from the ASHE website. Print copies can be purchased from www.ashestore.com.
Parking garages are an integral part of our nation’s infrastructure. Although they are subject to more deterioration than other building types, their maintenance is typically not considered of primary importance to building owners or managers, who often are compelled to prioritize high-profile façade issues or roof leaks above a patch or two of unsightly concrete. Still, deferred maintenance eventually means costly repairs. One of the greatest issues related to the deterioration of parking structures is the corrosion of embedded reinforcement.

Structural concrete used in parking structures is strengthened by means of steel reinforcement bars, which are embedded into the concrete to improve resistance to tensile and compressive stresses. Ordinarily, the surrounding concrete protects this embedded steel from the corrosive effects of water and dissolved salts in the environment. However, breaches in the concrete due to cracks, flaws, thin coverage, or poor concrete consolidation can allow steel reinforcement to come into prolonged contact with corrosive elements. As the steel corrodes, it expands, leading to further damage to the concrete, greater water infiltration, and additional corrosion in a self-perpetuating cycle of deterioration. If not arrested early on, the progressive nature of the cracking and corrosion can eventually lead to an unsafe structure.

For full article, follow this link: https://www.constructionspecifier.com/treating-reinforcement-corrosion-in-parking-structures/

Membership Report by Peter Girard

NEHES Membership continues to grow as those in the industry learn of the value and benefits of being a NEHES Member. Continuing Education continues to be a focus for members with NEHES and its Chapters. We hope you’ll take a moment to encourage a peer or colleague to join NEHES!

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Outside New England 24
How to Work A Room For Better Networking

By Dan Marois
NEHES Newsletter Editor

In today’s business environment, we network by e-mail and connect through social media such as LinkedIn, Facebook, and Twitter almost non-stop through the workday. Some prefer this channel because they can communicate on their own terms. For others, there is an outright anxiety about meeting groups of people in social settings. Walking into a room full of strangers can be intimidating. The best approach is to go in with a goal by thinking about what you want to accomplish. How will this event help you in your business? What kinds of people do you want to meet? What information do you want to get from these people? Knowing what you want to get out of the event will help target your efforts and avoid wandering aimlessly at the event.

Take a deep breath and consider the following.

1. Go to the event with a purpose.
   Remind yourself why you are there and set a couple of goals. Simple goals might be that you want to speak with three people you don’t know, reconnect with three people you already know, and converse with at least one person in the room that you’ve done business with. A room full of people is less intimidating if the goals are simple and achievable.

2. Ask for an introduction
   Is there someone you want to meet? Ask for an introduction through someone you know. Usually, they will be glad to make the introduction.

3. Don’t stick with the people you know
   You gain nothing by spending all of your time with people you already know. You need to deliberately sit next to someone you don’t know. A warm handshake and a quick greeting will instantly make a new connection.

4. Small talk
   Breaking the ice can come in the simplest ways. Asking a question can open all the doors. Have you been to this event before? Where do you live? What do you do for work? Do you have any family? All of these questions will get the discussion going in a casual way.

5. Target the discussion to the other person
   Guess what people are most comfortable talking about? Themselves. Use that to your advantage. While the person continues to talk, you will learn so much about them. In a matter of minutes, you will be able to assess how this person could help you meet your goals. Would you like to do business with them? Might they have a different circle of influence that could help you? Take lots of mental notes while they are talking.

6. Prepare your brief introduction
   “So tell me what you do,” asks the person you just met. Be ready with a tightly worded response that gives the essence of you in under a minute. “I live in Beantown and I’ve been an engineer at St. Joe’s Hospital for 12 years. I’m passionate about providing high quality healthcare that promotes top notch customer satisfaction. I have been married for 36 years and I have three teenage children. And I golf in whatever free time I have.” Then say nothing. The other person will quickly identify which area interests them the most to continue the discussion. In no time, the stranger is a meaningful acquaintance.

7. Give your business card wisely
   Be ready to hand out a business card if someone requests it or if you think that you have made a good connection with the person. Don’t force it on anyone. Likewise, be selective about the business cards that you ask for. It is not about the volume of cards you give or gather, it is about the quality of the contact you just made.

8. Follow up
   Be sure to follow up with anything you agreed to in the conversation. Were you going to send them information about what you do? Then do it. Were they going to send you information? Be diligent about getting it.

Remember that people go to gatherings to network and they might be as nervous or intimidated as you are. By following the tips outlined here, networking will become easier and more productive the more you do it.
Nearly 100 ASHE members were attended important NFPA meetings last week to speak about and vote on important proposals being considered for the next editions of NFPA 101 and NFPA 99. Because of these members and others from the health care field who are NFPA voting members, nearly all proposed changes to improve the codes passed.

ASHE thanks all members who voted at the meeting—and their health care organizations who support their attendance—for taking the time to help positively influence code changes.

One important victory was the expansion of smoke compartment maximum space limits to 40,000 square feet from the current 22,500 square feet. This move provides hospitals with greater flexibility in creating single patient rooms, which improve patient satisfaction and reduce health care-associated infections. Details about this change and others that will take effect in the 2018 editions are outlined in this article.

Importance of code improvements

The changes voted on during the NFPA Technical Meeting in Boston last week relate to the 2018 editions of NFPA 101 and NFPA 99.

Although these changes will not be enforced until adopted by the Centers for Medicare & Medicaid Services, they still serve two valuable purposes. First, the code development process is an ongoing process. Even though this edition may not be adopted by CMS as a Condition of Participation, a future edition that includes these changes will. Second, there have been many instances in which later editions of the codes adopted provide clarification on the intent of the code. Authorities often will give deference to those changes when making a decision on a situation; this deference is allowed by each code because NFPA gives the authorities having jurisdiction the ability to deviate from the code requirements when necessary and to interpret the code accordingly.

Changes to NFPA 99: Health Care Facilities Codes

Changes to the draft of NFPA 99 were fairly limited, and the draft can be found at nfpa.org/99next. Changes include:

- Minor changes were proposed to provide testing criteria for furnishing and mattresses, which is consistent with industry standards. ASHE supported these proposals, and NFPA membership voted to approve.
- Several ASHE members testified in support of the continuation of provisions that allow either water mist, clean agent, or CO2 fire extinguishers. Currently, many facilities are cited by surveyors when they only have a water mist or clean agent extinguisher within an operating room because reports have recommended CO2 extinguishers be available in operating rooms (although those reports do not recommend their use as a first line attack on a fire intimately involved with the patient). Members testified that it should be up to the facility to decide which type of extinguisher they need based on their policies on responding to surgical fires. For example, if a facility chooses to have a clean agent extinguisher, they should no longer be cited for not having a CO2 extinguisher. Annex language does not recommend the use of a dry chemical extinguisher in the surgical department. ASHE supported the provision to allow facilities this flexibility, and the NFPA membership agreed. This effort allows facilities to continue to direct resources to patient care and avoid an added impact of an estimated $7.8 million nationwide to provide additional extinguishers.
- Another proposal would have eliminated a provision that allows facilities to use risk assessments to exempt health care from the requirement to provide audible, and/or visual alarm notification appliances. The risk assessment option in NFPA 99 may not be consistent with current editions of NFPA 101 but is a circumstance in which one code document needs to move forward with the provision before the other can follow. ASHE opposed the proposal, and NFPA membership agreed. This may help in conversations with authorities having jurisdiction who may want to require strobe devices in sensitive areas such as NICUs, where audible or visible alarms can negatively effect patients. This effort has a direct patient care impact and potentially saves a number of effects on vulnerable patient populations.

Changes to NFPA 101: Life Safety Code®

- One proposed change to NFPA 101 would have eliminated requirements for integrated fire protection system testing for new health care occupancies and existing high rise health care facilities as well as new ambulatory health care occupancies (ACHOs) and existing high rise AHCOs. Although ASHE supports...
integrated testing, and it is likely occurring on a routine basis in health care facilities today, there were several ambiguous requirements found in the referenced standard NFPA 4. Periodic testing was undefined and a requirement to test when any modification of the system is moved could be interpreted as extreme in instances in which a single device is simply moved. ASHE supported the change to eliminate testing because of the concerns about referenced standard NFPA 4. Unfortunately the submitter withdrew the motion on this issue and ASHE members were unable to testify about this change. ASHE was made aware that the submitter and a technical committee will be working on a Tentative Interim Amendment that may address several of their concerns, although ASHE is unsure how these changes could effect health care facilities. Removing this requirement potentially saves each facility affected about $150,000 annually, based on 1 FTE to manage and coordinate testing or contracting this service and the cost to perform the work periodically.

• Two proposed changes to NFPA 101 would have stopped efforts to expand the maximum compartment size to 40,000 square feet from the current 22,500 square feet for new hospitals using a single bed room concept. These proposals would have created conflict with other codes, including NFPA 5000 and the International Building Code, both of which allow 40,000 square feet smoke compartments. ASHE opposed these proposals, noting that as health care organizations aim to provide more single bed rooms, it becomes nearly impossible to comply with room size requirements; outside window requirements; and infection prevention considerations while keeping a compartment size to 22,500. NFPA members voted against the proposals, so the maximum smoke compartment size that will be allowed under the 2018 edition of the Life Safety Code will be 40,000 square feet. This supports single patient rooms, which promotes patient satisfaction and reduces health care associated infections.

• ASHE supported a motion that would continue to allow rooms with boiler, mechanical, and electrical equipment to be used for some storage when the room is protected per NFPA 101 requirements for storage rooms. However, NFPA members voted against the motion. The 2018 edition will limit health care facilities in the storage of items not directly related to the equipment within that room. Filters, belts, and materials used to maintained the equipment will still be allowed; however if not specific to the exact equipment in the room, the facility will risk being cited. For example, extra filters or belts that are used on other equipment—not equipment within the room—would not be allowed. Storage is typically at a premium in health care facilities and may require displacement of other space to accommodate the materials. At a U.S. average of $400 per square foot of health care space, a typical hospital may have to relocate 500 square feet of storage, costing up to $200,000.

Preparing for the Next Code Development Cycle
Three years from now, another NFPA Technical Meeting will be held to vote on proposals to NFPA 101 and NFPA 99. ASHE will be encouraging members to attend again so that health care is represented when votes on code proposals are held.
**NEHES Newsletter**  
**Volume LVIII #1**

New England Healthcare Engineers’ Society:  
Founded in 1958;  
Affiliated with the American Society for Healthcare Engineering (ASHE)

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The opinions expressed by authors do not necessarily reflect the policy of NEHES.  
All material in this newsletter is provided for information only, and should not be construed as professional advice.  
Please consult with your own professional advisors.

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**Events & Dates to Remember**

- **July 28, 2017**  
  Twin State Seminar  
  Sponsored by NH and Vermont Chapters  
  Dartmouth-Hitchcock Medical Center  
  Lebanon, New Hampshire

  This summertime seminar packs a solid day of educational presentations on the campus of one of New England’s most progressive hospitals. Attendance at the Twin State Seminar is free to NEHES members.

- **August 6-9, 2017**  
  ASHE Annual Conference and Technical Exhibition  
  Indianapolis, Indiana

  More than 3,800 professionals gather on-site to get vital information on health care compliance, codes and standards updates, emerging trends, and best practices for efficiency, sustainability, emergency preparedness, and other pressing topics in the field.

- **August 10, 2017**  
  2012 Life Safety Webinar Series  
  CMS Adoption of the 2012 Edition of NFPA 99 and What It Means for Health Care Facilities

- **September 8, 2017**  
  NEHES Board of Directors Meeting  
  (“Open to Members with RSVP”)

- **September 15, 2017**  
  2012 Life Safety Webinar Series  
  Chapter 43 of NFPA 101 and Its Impact on Health Care Facilities

- **September 24-27, 2017**  
  NEHES Fall Conference  
  Sheraton Burlington (Vermont)

  The NEHES Fall Conference circulates in locations throughout New England with a four day schedule of presentations, an impressive technical exhibit, social events, the NEHES Annual Meeting, and NEHES Annual Recognition.

- For a full list of NEHES’ and ASHE’s calendar of events, please visit:  
  [www.nehes.org](http://www.nehes.org) or [www.ashe.org](http://www.ashe.org).

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**In Memoriam**

We are saddened to note that NEHES member, Ron Vachon of Rhode Island passed away unexpectedly on Friday, April 21 at the age of 59.

After graduating from West Warwick High, he enlisted in The US Air Force. Ron spent time in England serving as a Security Specialist and received several awards and commendations. He was Honorably Discharged in 1982 as a Staff Sergeant. Upon entering civilian life, he started his own successful construction company in Rialto, California. Most recently, he was employed by Signature Healthcare as a Facilities Project Manager and worked several years at Kent County Memorial Hospital as Plant Operations Manager and Director of Facilities.

Ron Vachon from Maine recalls his namesake as an engaging NEHES member. “Ron attended our events with enthusiasm for the profession,” said Vachon. “He will be missed.”

Donations in Ron Vachon’s memory can be made to NAMI Rhode Island, 154B Waterman Street, Providence, RI 02906 or WAMO, 10 Iron Horse Terrace, North Kingston, RI 02852.