

THE BLUELINE

The newsletter of the
Healthcare Facilities Management Society of New Jersey

Volume 10, Issue 1

1st Quarter

March 15, 2007

President's Message

Welcome to 2007!

On behalf of all the Officers and Trustees, I welcome you to another year of the Healthcare Facilities Management Society of New Jersey. My wish is for all of you to have a healthy and successful year operating the healthcare facilities under trying times.

We have another year of education, networking and some fun planned and hope everyone takes full advantage of our programs.

In January, Tom Battles of the Chubb Insurance Company presented a case study on Boiler Explosions; February hosted the FBI with Special Agent Kevin Cruz talking to us about terrorism. In March, we will host Dan Chisolm who will bring over thirty years of power generation systems experience to our Chapter.

Other Chapter news includes the fact that three of our members have been selected to serve on ASHE Committees and attended the committee meeting in New Mexico in January (where it was a chilly 20 degrees each morning)! We are assigned to Advocacy and Emergency Preparedness. Stay tuned for developments during the year.

I received a call last week from the Health Commissioner's office informing me that our effort to change the

frequency of fire alarm testing was successful! Now we are petitioning the DEP, who want to prevent you from running your generator tests if the air quality is poor.

Our friends at the Delaware Valley Chapter are organizing a CHFMs preparation course to be presented May 1st in the Philadelphia area. I hope many of you will strive to obtain your CHFMs.

Please stay involved, attend the meetings, bring a colleague and encourage others to join so that we can continue to provide high quality education and advocacy to as many facility managers as possible.

Let's make it a Great 2007!!!!

John DiGirolomo, SASHE, CHFMs
President, HFMSNJ

Vice President's Message

I am looking for sponsors for several of our meetings. If your company would like to showcase their goods and services please contact me ASAP. I am also looking for fresh ideas for our "All Day Seminar."

You can contact me for additional information at 973-429-6975 or via e-mail at:

Benedict.DiFranco@atlantichealth.org.
Benedict DiFranco, CHFMs
President Elect HFMSNJ

Notes from the Editor

We are looking for articles that may be of interest to Healthcare Engineers. If you have information on regulatory agencies, inspection activities, codes and standards, pending regulations, unique hospital activities, new products or services . . . etc, etc, etc.

I just heard that ASHE's president in 1998, Anthony J. Verricchia, FASHE, will be on special assignment in New Jersey for the next few months and may be attending some HFMSNJ meetings while he's in NJ. You may remember that "AJ" represented ASHE as a guest speaker at our joint chapter meetings back in 1998 and 2000. We look forward to possibly seeing him in the near future.

This is my first 2007 newsletter as editor and with your help, I hope to be able to make each issue both informative and entertaining.

You can contact me for additional information about submitting an article or posting information at 201-833-3148 or via e-mail at:

Schliewenz@holyname.org

John Schliewenz, AIA

Editor – HFMSNJ Newsletter

"THE BLUELINE"

Membership:

The "Move Up" Membership Drive announced last year has begun to bring in new members. Although it was off to a soft start, this drive has now brought in six new Regular members and three Professional Associates. This membership drive will expires at year end, so heads up to anyone on the waiting list, now is the opportunity to jump the list.

All Waiting list Candidates:

MOVE UP!

. . . Membership Drive:

Here is an opportunity to increase Healthcare Members for the HMSNJ and become a member no matter where you are on the waiting list.

Introduce two (2) New Regular members who do not have an application on file and upon acceptance of the new candidates you will also be introduced into Membership. The new Regular members must maintain their membership for two (2) years and attend four (4) regular meetings per year. (All dues and initiation fees must be paid in full for the three (3) applications prior to introduction.)

Membership drive ends December 31, 2007. Date of Membership or dues year applied will initiate the two (2) year membership clause. All applications (combined) must be presented to the membership chairman or his assignee prior to the meeting of attendance for acceptance.

Please E-mail notification and applications of future attending candidates four (4) days prior to a General Membership Meeting to; Appelmann@mail.holyname.org

Peter Appelmann
Chairman,
HFMSNJ Membership Committee



Status Report Executive Hospital Engineers of New Jersey Club



Submitted by:
John Schliewenz, AIA
Past-President, EHENJ 1999

In disregard of requests from my friends and fellow Hospital Engineers I have not followed through and set up the first meeting of this group. This inaction is due to several factors that were brought to my attention since I first brought the notion of forming this “club” to the floor at our November meeting.

Several of the current officers and even several of the veteran members asked me if I took into consideration how difficult it was to get hospital engineers to attend meetings once a month.

They believed that if these hospital engineers come out for the EHENJ meetings they may not come out to the regular meetings. That would hurt our ASHE Chapter and I’m not going to chance that happening.

They offered a suggestion that, in lieu of an independent monthly meeting, we incorporate this into our regular HFMSNJ meeting.

We would need to change the regular meeting format and ask the vendors to leave either after the dinner or after the committee reports were completed and have a meeting with the regular members that remained.

I recommend we give this a trial run at our meeting of May 17, 2007. This gives us two meetings to agree on a one time format change and an opportunity to see first hand what impact it has on the meeting. We could then consider having this abbreviated meeting twice a year. This would accommodate the request of many of the regular members to have a periodic roundtable discussion with just the regular members present.

Secretary’s Report

Emergency Generators . . .

- Log on and check air quality prior to testing your emergency generators!
- Natural gas generators are no longer acceptable!
- A 4 hour continuous run test must be completed prior to July 1st 2007.
- Sentinel event 37 requires a gap analysis be conducted on emergency power systems!

With all the changes taking place with this topic wouldn’t it be beneficial to spend a few hours with an expert in this field?

On Thursday, March 15th 2007, for the monthly meeting of the Healthcare Facility Management Society of New Jersey, the educational session will be:

“GENERATORS & EMERGENCY POWER and its’ effect on healthcare facilities.”

Please remember to invite your Electricians, Electrical Managers or any other members of your company or facility who could benefit from this information.

This information will be presented by Mr. Dan Chisolm, MGI Systems, Inc. Dan has over 30 years of experience in this field including writing the code for emergency generator testing for the NFPA and working with the Department of Defense for generator testing at military bases

Please remember to stop by and visit our sponsor for the evening, **The Hawk Solution Group.**

The meeting is preceded by a Social Hour that begins at 5:00 pm

The Galloping Hill Inn
325 Chestnut Street
Union New Jersey
908-686-2683



Article taken from the “March HFMSNJ Meeting Reminder” e-mail sent 03/05/07
By Edward Fay, Secretary, HFMSNJ

EAB Report

Submitted by
James Corueil, Chairman, EAB

The Engineering Advisory Board (EAB) is a group of appointed healthcare engineers and infection control nurses. Their main focus is to work with the New Jersey Hospital Association (NJHA) on legislative and regulatory affairs. The EAB healthcare members meet with various NJHA employees and occasionally with a guest speaker. The topics which are presented cover the entire spectrum of healthcare facility management issues.

Most of our committee members have a reporting assignment. These assignments cover N.J. State Departments such as DEP, DOH, DCA, and The Fire code Advisory Board. One of our members reviews the N.J. Register.

NJHA representatives present to us legislative issues and regulatory concerns brought back from various legislators and N.J. state government employees.

Occasionally the EAB meets as an Ad HOC committee to work on special projects for NJHA. Two recent examples of that work were the Emergency Preparedness Manual and a review of the specifications and contracts for the installation of an emergency generator for NJHA.

Topics of general interest such as emergency preparedness/management, federal regulations (OSHA, EPA) and standard making organizations (NFPA, AAMI) are introduced and discussed as warranted.

Healthcare engineering and infection control members are selected to serve by the current presidents of the two ASHE affiliated healthcare organizations in New Jersey. There is equal representation of the north and south organizations. Meetings are held at NJHA offices in Princeton on the third Wednesday of each month at 1:30 p.m. Anyone interested in serving on this committee should contact the current president of their local chapter of ASHE.

HFMSNJ Advocacy Report

Submitted by:
Robert N. Roop, P.E.
Chairman Advocacy Committee

In addition to education, advocacy is a major focus of HFMSNJ and ASHE. Our purpose in advocacy is to identify issues that impact operation of healthcare facilities. Once identified, we evaluate them and determine if we should take a position. Issues could be regulations, guidelines, or proposed standards prepared by state or federal

agencies (DOHSS, DEP, EPA), organizations (CMSJC, NFPA, AIA), or even county or city government.

Recent issues where, as a chapter, we have taken advocacy positions include getting the hot water acceptable temperature changed through the New Jersey DOHSS.

In another case, we provided ASHE with data to support their advocacy efforts with NFPA on the frequency of damper testing. Again, the advocacy effort was successful and the frequency of testing was changed because we had the data to support our position.

In 2006, our major effort was to change New Jersey DOHSS fire alarm testing frequency to the frequency recommended in NFPA 72, Fire Alarm Code. A series of letters to the DOHSS Commissioner Jacobs outlined our position, provided technical rationale, and showed improved patient safety if our recommendations were favorably considered. That effort was the result of work by many members. I write the advocacy letters, but without the assistance of members, those letters would have been weak. Members provide the real world examples of how regulations impact our facilities. That gives my letters some meat. Arguments used in the letters were provided by Ben DiFranco, Ellis Essig, and Oscar Gonzalez.

Thanks also to a member, Joe Berlesky, for bringing our attention to the issue – a result of a DOH inspection at his facility.

I'm happy to report DOHSS has agreed with our position and regulations will be amended to have DOHSS fire alarm testing conform to the guidelines of NFPA 72. Advocacy works.

Thanks for your help.

Focus on NJ Hospitals

Submitted by
Suzanne Santangelo,
Director Public Relations,
Newark Beth Israel Medical Center

Robotic Surgery: Newark Beth Israel Medical Center Leader in Life Saving Technology

Robotic surgery is one of the fastest growing innovations in the world of medicine. Patients and doctors praise its technology, while hospital systems across the country are increasingly recognizing its value in promoting faster recovery, reductions in surgical complications, and high level of patient care.

Since the inception of its robotic surgery program four years ago, Newark Beth Israel surgeons have performed over one thousand procedures using the da Vinci® Surgical System. Physicians at Newark Beth Israel currently perform robotic surgery in more specialties than any other facility in the nation, including adult cardiac, adult urology, pediatric urology, gynecology, gynecologic oncology and general surgery. Additionally, NBIMC is now the only facility in the Eastern United States and one of only three in the country which provides training for surgeons in this wide variety of specialties.

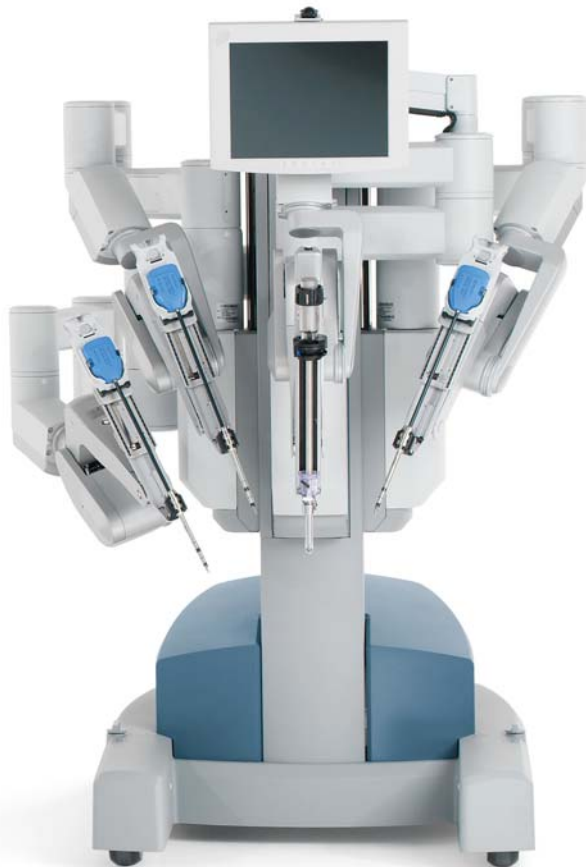
“The success of the da Vinci System is a clear example of how technology is advancing improved patient care,” said Dennis Bordan, MD, Chairman of Surgery at Newark Beth Israel.

“The benefits of robotic surgery are clear for everyone: patients who undergo robotic- assisted surgery experience less bleeding, pain, and scarring, as well as

reduced recovery times,” said Paul A. Mertz, Executive Director of Newark Beth Israel Medical Center.

The da Vinci® Surgical System gives surgeons the control, range of motion and 3-D visualization that is characteristic of open surgery. Robotic-assisted surgery incorporates techniques that allow the surgeon to operate through several small incisions about the size of a dime.

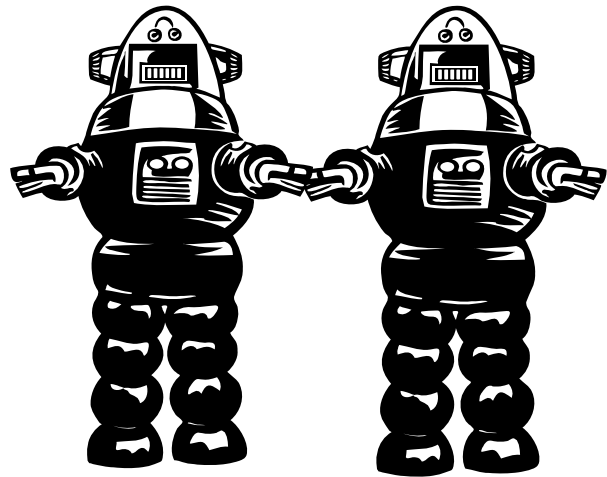
Almost as tall as a person, the Robot has four arms, three of which hold surgical tools; the fourth arm holds a super-high resolution 3D camera system with high powered magnification systems. The system is a significant improvement over laparoscopic techniques; with the Robot, the arms mirror the surgeon’s every move, providing full range of motion and even filtering out tremors.



Focus on NJ Hospitals

Submitted by
Ineeda Appliance
Director Public Relations,
Joe’s Spa and Medical Center

Not one to be shown up as far as technology, Joe’s Spa and Medical Center launched their robotic surgical team.



Congratulations to **JAMES CORUEIL** **HFMSNJ FACILITIES MANAGER** **OF THE YEAR 2006**

In case you didn’t have a chance to read the plaque received by Jim Corueil it stated the following:

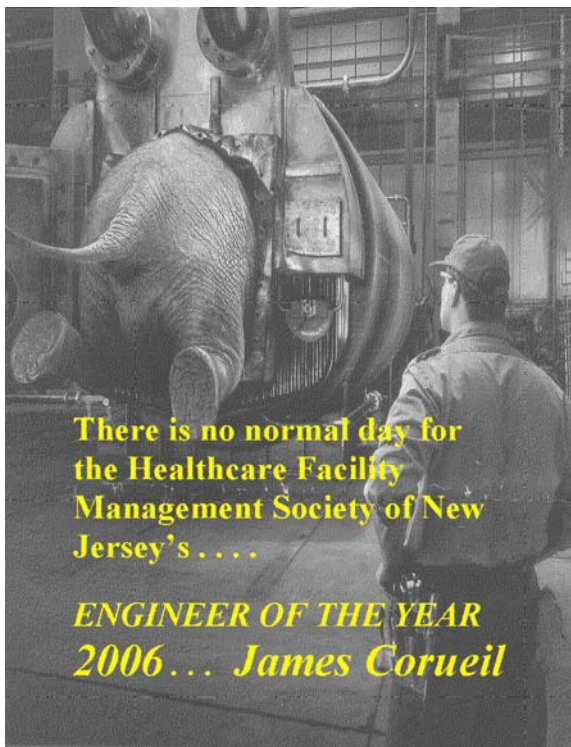
The HFMSNJ Executive Committee has reviewed the nomination information submitted on your behalf which indicates that you have served Twenty-five years in the healthcare industry:

Eighteen years as a member of the Executive Hospital Engineers of New Jersey where you served as Treasurer in 2002 and 2004 and; eight years as a member of the NJHA Engineering Advisory Board where you presently are serving as Chairman and; as a member of the New Jersey Fire Board represent NJ Healthcare Facilities and; are a

member of ASHE, the American Society for Healthcare Engineering

The nomination petition also indicates that you managed to balance these professional accomplishments while maintaining a strong commitment to community service and family.

In consideration of the above information, your nomination was approved by the Executive Committee for a vote by the membership. The vote resulted in unanimous approval by your fellow members, peers and friends to recognize you with this award.



Focus on NJ Hospitals

Submitted by
John Schliewenz, AIA
AVP Facilities Management
Holy Name Hospital

Better Patient Care Through Video Interpretation

*By Jonathan Hirsch and Frank Marano
Holy Name Hospital*

A New Jersey hospital uses teleconferencing tools and interpreters to break down patient language and hearing barriers.

Clear verbal and visual communications between physician and patient is the first step in compassionate and effective healthcare. With the ever-increasing percentage of non-English speaking patients as well as patients who are deaf or hard of hearing, video-based technology may be a single effective solution to a broad-based challenge.

This communication challenge came to the forefront for us at Holy Name Hospital in Teaneck, N. J., where we treat a high percentage of non-English speaking as well as deaf and hard of hearing patients. While interpreters have been extensively used in the past, the hospital's healthcare professionals required interpretation services for 46 different languages as well as American Sign Language (ASL) interpreters in one 2-year period.

Challenges in Past Communication Methods

Historically, a family member or an available staff member served as interpreter between a patient and staff. In most cases, however, family members are not medically trained and they don't always comprehend the magnitude of the patient's medical complaints. The obvious challenges were an inaccurate interpretation from the transposition of words, misinterpretations or even harm to the patient due to the interpreter's feelings toward the patient.

Serving as an interpreter also disrupts a family member's life since he or she must be present much of the time to make the patient feel comfortable about care and personal needs. Patient

confidentiality becomes an issue when a family member is directly involved with the interpretation process while using a non-clinical staff member can produce similar concerns.

In the early 1980s, a new method of interpretation emerged that uses a centralized group of interpreters accessed by a telephone. This remains the mainstay of nearly all interpretations handled today in the United States.

When an interpreter is needed, the hospital brings a telephone with two receivers to the patient. The patient takes one receiver, the clinician takes the other, and a call is then placed to the off-site interpreter.

While this proved a major breakthrough at the time, interpretation concepts have not kept up with the profound advances in medicine, thereby triggering a wider gap in patient communication. The amount of information given to or requested by a patient also has increased. Interpreters often wondered if the patient on the other phone receiver shaking his or her head up and down during the interpretation really understood what was being said to them.

During the past quarter century, deaf or hard of hearing patients have relied on trained sign language interpreters who work onsite. However, ASL interpreters are seldom available in the hospital when needed, and the 2-hour minimums, mileage and high fees make it prohibitive for hospitals to use them as frequently as the need arises.

Delays in service occurred while waiting to find interpreters for these patients, many of whom had to wait for assistance and frequently became confused by not being able to see the interpreter and express understanding. This often

resulted in a frustrating game of charades between hospital personnel and patients in what often can be an emotional situation. Holy Name Hospital needed to find a better solution for patients, visitors and staff that would free everyone from language barriers in the most effective and expeditious manner.

Better interpretation through analysis of current and cutting-edge technology, Holy Name Hospital made the commitment to be pioneers in the field of interpretation services through video communications. Commonly referred to as videoconferencing, the application brings live video-based non-English and ASL interpretations into the hospital, thereby raising the quality and quantity of interpretations.

To succeed, the video system had to be reliable, secure and available when needed. The hospital envisioned a one-stop interpretation solution that was accessible, simple to use and so popular with patients and staff that it would be used extensively. To accomplish this, the solution had to offer:

- On-demand non-English and ASL interpretation;
- One device to handle all interpretations;
- High-quality picture and sound for the patient and the interpreter at the other end;
- Encrypted transmission for HIPAA compliance;
- Ease of use;
- Accessibility;
- Interpretation by “medically trained” interpreters;
- Cost effectiveness;
- Staff training.

In late 2003, the hospital began its search for an interpretation system by

exploring several language vendors and many interpretation solutions that met our criteria. Several of these systems were tested live in our facility and then analyzed for effectiveness before deciding to partner with an interpreter-services company and a technology vendor.

Ultimately, Holy Name Hospital chose Language Line Services of Monterey, Calif. to provide interpretation services due to its experience in the field, medically trained interpreters in more than 150 different languages and around-the-clock service from call centers throughout the U.S. For the video communication system, the hospital chose the TANDBERG 1000 MXP system, based on the company's reputation, the system's ease of use and its flexibility.

Criteria for Effective Video Interpretation

To bring the power of visual cues to the interpretation, it is critical that the technology be accessible anywhere, simple to use and easily manageable. To achieve this, Holy Name Hospital established the following criteria for the video solution:

- A minimum of a 12.1-inch liquid crystal display (LCD) screen to provide a large-enough display to see the interpreter clearly;
- Integrated speakers, microphone, camera and screen with minimal wires to keep it simple for front-line users such as nurses, physicians and clinical staff;
- The ability to connect to other devices at 768 kilobits-per-second for smoother picture and enhanced audio, which is especially important for sign-language interpretations;

- Wireless capabilities would be needed for flexibility and the ability to leverage existing wireless networks;
- Built-in AES/DES secret-key encryption to meet HIPAA privacy requirements.
- An H.264 video compression standard for broadcast quality video;
- High-resolution video to ensure that all facial, lip and hand movement is seen in order to provide an accurate interpretation. By reading a patient's movements, an interpreter can determine if the message was understood and doesn't have to rely solely on a "yes" or "no" response;
- An auto-answer functionality to make the device as easy to use as possible by giving it a plug-and-play experience.

In addition to facilitating better care, the visual cues and lower cost of video interpretation have a huge financial impact. Video interpretation costs average about \$3 per-minute while current telephone-interpretation charges range from \$2.20 to \$3.00 per-minute. However, it was clear to us that a well-informed patient is more likely to cooperate with treatment and get dismissed more quickly because they recover faster.

Results for Holy Name and Other Providers

By instituting the video interpretation system, Holy Name Hospital is able to guarantee a rapid response to every call for a skilled and "medically" trained interpreter. The typical 5-minute to 10-minute length of an interpretation helped realize large financial savings by not

employing live interpreters with huge financial guarantees.

This ultimately raised our level of patient care by freeing staff to concentrate on patient care rather than interpretations.

Ultimately, the most important benefit from video interpretation has been the welcome responses from patients and family members who use the technology. Instead of being delayed due to a language barrier, our patients feel that the hospital has a sense of urgency in meeting their language needs. Patients feel at ease with the interpreter on the screen and easily communicate to hospital healthcare professionals. They no longer have to search for words and can also point to areas that hurt without having to give verbal explanations.

Since the wireless video system is very transportable, other institutions can follow Holy Name Hospital's model and easily affect positive patient-care changes. Most institutions already have in place in-house networks, as well as the wireless resources needed for the transmissions, so the video interpretation system can be easily implemented by closely working with IT staff.

The Future of Interpretation

Video interpretation on demand at the bedside in every patient room is the next step for Holy Name Hospital. This can be accomplished by integrating it with the hospital's in-room monitors, which are already being used for Internet, e-mail, TV, Movies on Demand, games and accessing clinical data. Additionally, Holy Name is beginning to work on using the video technology in the field so that paramedics and EMTs have the same ability to use video interpretation at the scene of an accident or disaster.

For more information on **TANDBERG**, www.rsleads.com/703ht-204



Focus on Environment

Submitted by
Frank Keller, Vendor
Carpet et Cetera

CRADLE TO CRADLE A SUSTAINABLE APPROACH IN CARPET MANUFACTURING

At Designweave, a commercial carpet division of Shaw Industries, our goal is to waste nothing, to mind our resources, and to improve life with smart design solutions.

We realize that our shared resources are precious, and we're protecting our air, water and land through intelligent product solutions, advancements in manufacturing, and innovative conservative techniques.

We believe that the conservation of energy, water and raw materials is good for the planet, and good for our business. But, we realize that conservation and traditional recycling efforts are not enough.

In nature, there is no waste - only nutrients. In manufacturing, we can approximate this process by using waste as food for the production cycle. It's a philosophy called Cradle to Cradle, developed by architect William McDonough and environmental chemist Michael Braungart of MBDC.

It replaces the take>make>waste production model with the organic cycle of birth, death, and rebirth. In implementing this philosophy, Shaw at large is diverting more than 200 million pounds from landfills each year, collecting over 60 different categories of waste items for reuse or recycling. And more than that – we’re reducing the amount of raw materials we use in our production cycle.

Shaw Green Edge Initiatives like Eco Solution Q fiber, EcoWorx backing, and our Evergreen facility utilize Cradle to Cradle technology, moving us forward on the path to greater sufficiency and sustainability.

We’re improving life by design both at the global scale and in the communities where we live and work. The issues are urgent and the solutions aren’t easy. Our philosophy is about practical solutions and continuous progress today, tomorrow and for generations to come. Cradle to Cradle is both our journey and our destination, and that’s our Green Edge.

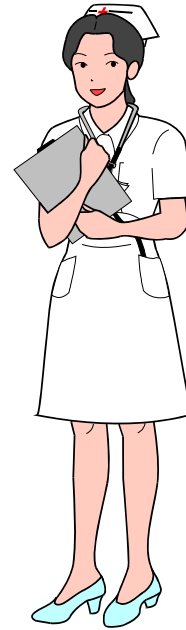
For more information, please contact Manie Fahey, Designweave’s local Account Manager at 908-295-7494.



An old joke for the road:

Do you know what happens when you lock a nurse in a room with two steel balls?

She loses one and breaks one . . .



If there were three steel balls . . . the last one would be taped to the ceiling grid.

Remember to submit something for the next newsletter before June 8th, 2007. I'd like to release the 2nd Quarter issue of [BLUELINE](#) before the June Meeting.