

The Blueline



THE NEWSLETTER OF THE

HEALTHCARE FACILITIES MANAGEMENT SOCIETY OF NEW JERSEY

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2ND QUARTER

JUNE 21, 2007

President's Message

Ah Spring, when a boy's thoughts turn to baseball! But the facility manager's thoughts turn to cooling towers, chilled water loops and condenser tube bundles!!! Welcome to the second quarter of 2007.

When I wrote to you in March, we had one open advocacy issue, that of the DEP moratorium on generator testing on bad air days. Well I am pleased to tell you that our request has been answered and a waiver granted to health care facilities that must test their equipment. We should, of course, try to avoid bad air quality days when running generators in order to promote a healthy environment.

I thank all of the loyal supporters of the Society that attend the meetings on a regular basis. You are the members that make this Society flourish!

Our Education Chair has provided us with an exciting group of presenters this past quarter, Mike Yarnell of OSHA, Tony Monaco of the NJDOHSS and Stan Bernard of Microdesk. I'd be remiss if I did not mention and thank all the sponsors namely, Candor Construction, Digital Voice Network, Roberts Lighting Control and Energy, URS Corporation, Bentley Prince Street,

Inc, TSIG Consulting Inc and Sordoni Construction. Thanks to all who make our Social Hour successful.

I wish to remind all of you that are contemplating taking the CHFAM test that we have been awarded three free passes as a result of our Gold Status. Please let me know if you are interested in taking the test.

Last, but not least, join me in thanking Roger Ennis and Amy DiPaolo who chaired another successful Golf Outing on June 5th at Fox Hollow. Over 100 golfers enjoyed a great day and the weather was very kind to us.

As usual, stay involved, support your chapter, we have a lot of great educational events coming up in the second half of the year. Hope to see many of you in New Orleans at the ASHE annual meeting.

John DiGirolomo, CHFAM, SASHE
President, HFMSNJ

Vice President's Message

Have a nice summer.

Benedict.DiFranco@atlantichealth.org.

Benedict DiFranco, CHFAM
President Elect HFMSNJ



Notes from the Editor

Remember to submit something for the next newsletter on or before . . . September 7, 2007. I'd like to release the 3rd Quarter issue of BLUELINE before the September Meeting.

Schliewenz@holyname.org
John Schliewenz, AIA
Editor – HFMSNJ Newsletter
“THE BLUELINE”

Membership:

Mr. Appelmann is working on an article for the September newsletter.

Peter Appelmann
Chairman,
HFMSNJ Membership Committee

Status Report Executive Hospital Engineers of New Jersey Club

Have a nice time in New Orleans.

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



Secretary's Report

On Saturday June 16th 2007 the members of HFMSNJ, the Healthcare Facilities Management Society of New Jersey, the local chapter of the ASHE the American Society of Healthcare Engineers took on a project arranged by their Social Justice Committee.

Members of HFMSNJ volunteer both their time and money to make monthly trips into various locations in New York City with an organization called Bridges which helps bring food,

toiletries and clothing donations to the cities homeless but they also look for local organizations who could benefit from the groups assistance.

This year they connected up with an organization known as Tooling Around The Town who help bring assistance to those needy citizens whose homes or property have fallen into a state of disrepair beyond their control. The group contacted Frank Keller the Social Justice Committee Chair for the HFMSNJ, Frank graciously accepted the task requested.

The owner, a mentally and physically handicapped shut-in on a fixed income whose wife was recently admitted to a long term care facility, was endangered of being fined by the town of Woodbridge New Jersey. The man, who hasn't left his home in nearly 6 years, was unable maintain his home. This resulted in overgrown plants that blocked his doors and windows, a damaged roof, awning, fence and retaining walls that had collapsed.

The man has no children or family to assist him. Although the neighbors routinely checked in on him, they were unable to undertake the sizable amount of work involve.

Approximately 20 members of the Healthcare Facilities Managers Society of New Jersey arrived at the residence at 8:00 am that morning with tools in hand. The Town of Woodbridge needed to address the safety issues as well as the eyesore the home had become. They understood the issues the man was facing and didn't want to resort to fines and citations but were

heading in that direction. When they heard about our endeavor the town of Woodbridge was happy to be able to supply a dumpster for the debris.

Managers and staff of approximately eight New Jersey Hospitals brought shrubs, mulch, paint and household items to make the day a success. Employees of Mountainside Hospital, Robert Wood Johnson Medical Center, Newark Beth Israel Medical Center and many others facilities, as well as architects and healthcare service providers, were happy to work effectively together and by noon everyone was absolutely amazed at the transformation.

The Mayor of Woodbridge was on site to help install a new American flag in a bracket on the porch that the group had installed.

As the group wrapped up at 1:00 pm that afternoon, a forty yard dumpster sat in front of the house full of debris and old plants. Mulch beds had been created, metal work was repainted, fences repaired and over a dozen large trees had been removed and much, much more accomplished.

Neighbors, who couldn't believe the result of our efforts, volunteered to help maintain the property going forward. They were able to coax the home owner out to the porch to see the work. He was overjoyed at the results and couldn't thank the organization enough.

Edward Fay
Secretary, HFMSNJ



Before



During



After



Donna Brightman, a representative from the community service organization "Tooling Around the Township", (the organization that brought this project to our attention) wrote a nice letter to HFMSNJ. She wrote:

"I rode by 30 Glenwood Terrace this afternoon. I almost missed the house as I did not recognize it. What a job you and your colleagues did, the house looks great. I could not believe you filled that huge dumpster with debris.

Not only did you assist a low income senior citizen, you played a vital part in improving the neighborhood. Before the house was an eyesore. The neighbors are so appreciative of your efforts. Lastly, you helped the Township as the home's condition was violated by the Code Enforcement Department. Without your assistance, the homeowner would have been fined and probably taken to court.

Thank you for donating the materials. We have a limited budget and it always helps when a group can bring their own supplies.

I applaud your efforts and thank you on behalf of the Tooling Around the Township program."



"Engineers Creed" by Anon

*"I take the vision which
comes from dreams
and apply the magic of
science and mathematics,
adding the heritage of my
profession
to create a design.*

*I organize the efforts and
skills of my fellow workers
employing the capital of the
thrifty
and the products of many
industries,
and together we work toward
our goal
undaunted by hazards and
obstacles.*

*And when we have completed
our task
all can see
that the dreams and plans
have materialised
for the comfort and welfare
of all.*

*I am an Engineer
I serve mankind
by making dreams come
true."*

Submitted by
Edward Fay
Secretary, HFMSNJ

Achieving “High Performance Buildings for Life™”

By: David R. Pospisil,
ASHE member

As scientific advances continually improve the quality of our healthcare, new technologies are enabling us to better manage and maintain buildings that can enhance healthcare delivery. As a result, we have a distinct opportunity to change the paradigms used to operate and maintain buildings.

“High Performance Buildings” are facilities designed for sustainability and energy efficiency. A “high performance building,” however, can only retain that designation if its long-term operational and maintenance program sustains the high levels of performance designed into the building.

Traditional Approaches

Traditional maintenance programs feature the use of defined service tasks and a calendar or hour meters to determine frequency of service. A disconnect exists, however, between system performance as compared to original design and the frequency and diligence of maintenance. It’s because maintenance program “compliance” has been tied to whether or not tasks have been performed at certain times rather than how a system is actually operating in terms of efficiency, capacity and performance.

New technology allows us to set standards that require systems and components to deliver and sustain “Original Design Performance” (ODP).

Performance-based maintenance is service undertaken to sustain ODP at all times. Compliance is tied to how closely the design conditions for efficiency, capacity and other requirements are met.

Categorically, there are three approaches to maintenance:

1. “Deferred Maintenance” also known as “Reactive Maintenance” which in simpler terms refers to the absence of a maintenance program.
2.
 - a. Pro: Proponents say that by spending nothing on PM and having adequate system redundancy, that repairs can be made on the fly with less staff and little noticeable degradation of performance.
 - b. Con: This short-sighted approach can be maintained only for a fraction of the expected life of the system. Generally, efficiency and performance degrade quickly, equipment life is shorter, and the cost of making repairs at or near failure is far higher than when repairs are made prior to an “event.”
3. “Preventive Maintenance” (PM) refers to the traditional scheduling of maintenance tasks at pre-defined frequency intervals.

a. Pro: This approach provides visual and operational inspection to assure failure is not imminent and that systems are performing adequately. Failure frequency and repair costs should be kept in check while negative impacts on system life should be minimal.

b. Con: The cost of “PM” is fairly high as tasks are undertaken according to schedule rather than need. There is also a disconnect between performing a service task and assuring that the performance of the task has resulted in sustaining design efficiency and capacity unless testing is being done to validate the performance – which most often is not the case.

4. “Predictive Maintenance” (PdM) or “Reliability Centered Maintenance” (RCM) uses testing, predictive technologies and diagnostics to determine maintenance needs. PdM is sometimes referred to as, or more accurately integrates, with “Proactive” maintenance. This approach requires testing and diagnostics that establish baseline performance criteria and compare conditions to detect or anticipate abnormal wear or small events which degrade performance. This is the basis for sustaining a “High Performance Building for

Life™”. By deploying PdM practices, a maintenance program becomes integral to delivering on this concept.

a. Pro: Eliminating scheduled but unnecessary tasks reduces total program cost, including testing, over the long run. Reliability is improved as intervention repairs are undertaken prior to component wear or performance degradation.

b. Con: Requires upfront training, hardware and software tools, and a understanding of how the technology is applied to focus on desired outcomes.

Acquiring the technology or third-party support for an effective PdM program is not cost-prohibitive and lends credibility to any formal maintenance program

High Performance Buildings for Life™

What can we do to assess the correct approach for a facility? A basic audit and analysis should be able to help determine the following critical factors:

- What are the critical systems for which performance criteria have been or should be established?
- What are performance criteria for the equipment (efficiency, capacity, control, etc.), and what can be used as a

- baseline against which we can compare future performance?
- Are there more urgent issues that should be considered in our systems analysis?
- Does adequate redundancy for critical systems exist?
- Is there a contingency plan in place to manage incidents?
- Examine the current maintenance program and identify “gaps” that could cause performance degradation
- Do we have manufacturer recommended maintenance practices from which we can enhance the current program?
- Can we identify testing and diagnosis procedures to help us move towards a more proactive maintenance future?

Now is the time to use the availability of new technologies to our best advantage by beginning the implementation of a “Predictive Maintenance” program. What is at stake is a certain improvement to the quality of healthcare that patients can expect to receive.

Submitted by and for more information, contact:

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CONGRATULATIONS!



To Mary Padgett on her marriage to Larry Duquette on May 12, 2007.

HFMSNJ wishes the happy couple many happy returns.

CONGRATULATIONS TO ALL THE MEMBERS OF HFMSNJ!



We did it!
 Thanks to all of you for your efforts in obtaining the first ever . . .

Platinum Award from ASHE

I am proud of all of you and am proud to serve this great organization with you. Thank you for the privilege to serve.

John

*John DiGirolomo, CHFM, SASHE
 President HFMSNJ*

Codes and Standards Update

There are several recently updated AAMI Recommended Practice Guidelines now in effect. AAMI ST79:2006 replaces five of the standards listed in the NJDHSS Standards Chapter 43 Subchapter 8 Central Service 8:43G-8.1 (c) 1.; 2.; 4.; 5.; 6..AAMI ST79:2006 replaces: AAMI ST46; AAMI ST37; AAMI ST33; AAMI ST42R and AAMI ST35. It can be purchased at the marketplace on AAMI.org under Sterilization, General for \$100 member price or \$200 non-member price. There is bound to be someone in every institution or system that is a member (a lot of times the Bio-Med Dept. has a member).

The other AAMI documents that are referenced in NJDHSS are: AAMI ST58:2005 has been renamed High Level disinfection and liquid chemical sterilization (\$60 members \$120 non-members); AAMI ST41:1999/(R) 2005 is the Standard on Ethylene Oxide.\$50 member \$95 non-member).

You can get the Standards of Infection Control in Reprocessing of Flexible Gastrointestinal Endoscopes 2005 from the website www.sgna.org.

The other document that would be good to have is the OSHA 29CFR1810.1047 on Ethylene Oxide - that can be downloaded or printed from the OSHA website.

I have prepared a summary of the standard engineering guidelines taken from AAMI ST79:2006 that will be an article in the HFMSNJ September BLUELINE newsletter.

Article by:
Nora Wikander SPD Director
St. Joseph's Wayne Hospital
Submitted by
James Corueil, Chairman, EAB

Golf Outing Update

On June 5th HFMS-NJ held their 5th Annual Golf Outing at Fox Hollow Golf Club. It was another great turnout and a good time was had by all.

First place team in the scramble was Ken Sessa, Mike Carpio, Kevin Sullivan and Ray Ortel with the score of 64.

Second place Bill Macedo, Dave Ziobro, Jim Pellicchia and Scott Conner.

Third Place Claire Broderick, Joe Evans, Joe Keller and Lou Menapace.

Longest Drive went to Joe Evans and the closest to the pin was a tie between Norm Dichiaro and Jason Poli at 3'5".

We thank all our TEE Sponsors and a special thanks to the event sponsors

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BEVERAGE CART

HONEYWELL INTERNATIONAL

Thanks for coming, we look forward to seeing you at next year's event!

Submitted by
Roger Innis, Chairman, Golf Outing



FYI (For your information)

Here are some very useful tips about cell phones that I didn't know.

1. The Emergency Number worldwide for Mobile is 112. If you find yourself out of the coverage area of your mobile; network and there is an emergency, dial 112 and the mobile will search any existing network to establish the emergency number for you, and interestingly this number 112 can be dialed even if the keypad is locked. Try it out.

2. Have you locked your keys in the car? Does your car have remote keyless entry? This may come in handy someday. Good reason to own a cell phone: If you lock your keys in the car and the spare keys are at home, call someone at home on their cell phone from your cell phone. Hold your cell phone about a foot from your car door and have the person at your home press the unlock button, holding it near the mobile phone on their end. Your car will unlock. Distance is no object. You could be hundreds of miles away, and if you can reach someone who has the other "remote" for your car, you can unlock the doors (or the trunk).

3. Hidden Battery Power. Imagine your cell battery is very low. To activate, press the keys *3370# Your cell will restart with this reserve and the instrument will show a 50% increase in battery. This reserve will get charged when you charge your cell next time.

4. How to disable a STOLEN mobile phone? To check your Mobile phone's serial number, key in the following digits on your phone: * # 0 6 # A 15 digit code will appear on the screen. This number is unique to your handset. Write it down and keep it somewhere safe. If your phone gets stolen, you can phone your service provider and give them this code. They will then be able to block your handset so even if the thief changes the SIM card, your phone will be totally useless. You probably won't get your phone back, but at least you know that whoever stole it can't use/sell it either. If everybody does this, there would be no point in people stealing mobile phones.

And Finally....

5. Cell phone companies are charging us \$1.00 to \$1.75 or more for 411 information calls when they don't have to. Most of us do not carry a telephone directory in our vehicle, which makes this situation even more of a problem. When you need to use the 411 information option, simply dial: (800) FREE 411, or (800) 373-3411 without incurring any charge at all. Program this into your cell phone now.

This is the kind of information people don't mind receiving, so pass it on to your family and friends.



Submitted by:
Oscar Gonzales, CHFM

Engineer Advisory Board

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, a guest speaker. The topics with which we are presented cover the entire spectrum of facilities management.

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 management, federal regulations (OSHA, EPA) and standards 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.

Submitted by;
James Corueil, Chairman EAB



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.

Submitted by:
Frank Keller,
Chairman Social Justice
Carpet et Cetera

Another old joke for the road:

Did you know that there are only two jokes about nurses?



Everything else is true . . .

