



The Whistle

FHEA

VOLUME XXXIII, NUMBER 1

SPRING 2017



Greetings everyone! I want to thank the FHEA Board of Directors and membership for the opportunity to serve as your 2017 FHEA State President. It will be an honor to serve such a prestigious organization. I want to personally thank Don Stewart, our 2016 president, for the role he played in continuing to build on the strength of our organization through his tireless efforts and commitment to this organization: thank you, Don!

Having attended the 2016 ASHE Conference and participating in the Chapter Leadership Forum, I strongly believe our chapter is in the top tier nationally in membership, financial stability, and educational opportunities for our members. I came away from this meeting feeling proud of what this organization has

The President's Corner

LARRY PETERSON, CHE, CHFM, CHSP

accomplished in the last 55 years and what will be accomplished in the years to come.

Our incoming Vice president is Kevin Daniel. Before Kevin's role even officially began, he was working to prepare the Chapter Affiliation submission package to ASHE. We are only one of a half dozen Chapters nationally to achieve the Platinum Award with Elite Bonus designation and I have no doubt through Kevin's efforts that we will again receive the Platinum designation. I am looking forward to working with Kevin and the rest of the Board of Directors, and the membership as we continue our mission to promote the professional role of the healthcare engineer and advance the development of healthcare engineering. And I would be remiss if I did not thank the one person behind the scenes who keeps everything "FHEA" running smoothly and that is Alethea Vitray, our Executive Director. Alethea works very hard to make sure our Board Meetings, Spring Meeting, and joint conference/Annual Meeting and Trade Show all run smoothly, and everyone has a great time. As much as I am happy for her, I am sad to say that this year will be Alethea's last year as our Executive Director before she transitions to retirement. She has been assisting the search

committee in finding a suitable replacement, although it will be hard to find someone to fill her shoes. Thank you, Alethea, for all you do and have done for us!

As I think back on my own experiences of the past year, I am reminded what a valuable role the healthcare engineer plays in providing for patient care and team members. Many of us not only serve our campuses as facility engineers but may also have Security, Safety, Emergency Management and other responsibilities. The impact of Hurricane Matthew on North Florida was substantial. Ensuring the needs of patients and staff are maintained during a disaster and protecting the physical environment is no easy task. Most of us are also responsible for regulatory compliance for the Environment of Care and Life Safety which is always a challenge with our accrediting organizations. The role the facility engineer plays is vital to the quality of care and safety of those whose lives are interrupted by illness or injury and come to our facilities for healthcare services.

We have an exciting program for our FHEA 33rd Spring Meeting in Daytona Beach on May 11-12, 2017. On Thursday May 11th, we will start by

offering the Certified Healthcare Constructor (CHC) Exam Review Course and depending on interest the CHC exam will be offered on Friday, May 12th. If you have not yet registered for the FHEA Spring Meeting, please do not delay.

For 2017 we have two goals. Goal number one is to increase active member participation and sign up new engineers. To accomplish this we need your help to reach out to members who are not attending District meetings or to facilities in your district without representation. Help them understand the advantages of membership and participation in FHEA. Goal number two is to continue to increase the number of active members with a Certified Healthcare Facility Manager designation. It is rewarding to earn the certification that has become a job requirement for many healthcare organizations.

In closing, the Board of Directors and I wish you all a prosperous 2017. If there is anything we can do better to serve your needs, please pass that on to your district officers and the Board of Directors, and we will do our very best to provide the tools you need to provide quality patient care and improve the patient experience.

Hope to see you at the Spring meeting!

Welcome New Supporting Members

The following have joined our growing ranks since our last listing in the winter issue of the newsletter.

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FHEA 33rd SPRING MEETING • May 11-12, 2017

"Pursuing Facility Management Excellence"

PLUS CHC Exam Review Course AND Exam

Hilton Daytona Beach Oceanfront Resort
100 N. Atlantic Avenue • Daytona Beach, FL 32118

FACULTY

CHC Exam Review Course



**Steve Spaanbroek, MBA,
SASHE, CHFM, CHC
Managing Director
MSL Healthcare Partners**



**Brian Cotten, PE, CHFM, FASHE
Exec Dir Design & Construction
University of Arkansas
for Medical Sciences**

Spring Meeting General Session



**Dr. William M. Wagner, ScD,
CHSP, CHEP, CHCM
VP, Quality Compliance
TSIG Consulting**



**Eric R. Alberts
Manager of Emerg. Preparedness
Orlando Regional Med. Ctr.**



**Taw North, RCDD, LEED AP
Technology Dir., Principal
TLC Engineering for Architecture**

PROGRAM

THURSDAY, MAY 11, 2017

- A.M.
7:00 10th Annual Spring Meeting Golf Scramble - LPGA Internat'l
7:30 Check-in for CHC Exam Review Course (Coquina D)
8:00 **CHC Exam Review Course** begins
P.M.
TBD Exhibitor Check-in
4:00 **Board of Directors Meeting** (Coquina F)
5:00 CHC Exam Review Course ends

FRIDAY, MAY 12, 2017

- A.M.
7:00 Registration/Table-Top Exhibits
7:15 Continental Breakfast
8:15 Welcome/Announcements/Introductions (Coquina E)
– Larry Peterson, CHE, CHFM, CHSP, FHEA President
8:30 **"The Role of Facilities Management in Infection Control"**
– Dr. William M. Wagner, ScD, CHSP, CHEP, CHCM
Vice President, Quality Compliance, TSIG Consulting
10:00 Break/Table-Top Exhibits
10:30 **"The Pulse Club Mass Shooting:
An Emergency Management Perspective
How Orlando Health prepared for and handled this crisis,
and lessons learned in the aftermath"**
– Eric R. Alberts, Manager of Emergency Preparedness
Orlando Regional Medical Center
Noon Luncheon (Coquina ABC) - visit Table-Top Exhibits
P.M.
1:15 **"Can You Hear Me Now?"**
– Taw North, RCDD, LEED AP, Technology Director, Principal
TLC Engineering for Architecture
2:00 Q&A; Closing Comments/Evaluations/ Door Prizes
– Larry Peterson, CHE, CHFM, CHSP, FHEA President
2:30 Educational Session Adjourns
2:30 CHC Exam Check-In (Coquina D)
3:30 **CHC Exam**
5:30 CHC Exam ends

Register
online now!
www.fhea.org

The deadline to register for the CHC Exam Review Course and the CHC Exam is Friday, April 14. No on-site registration is possible for either of these offerings.

33rd Spring Meeting
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33rd Spring Meeting
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- PRS Pipe Restoration Solutions
- Sherwin Williams
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- TLC Engineering for Architecture
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- TSIG Consulting
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Healthcare IT Spending on the Rise

Survey finds top drivers of healthcare IT investment are improving patient experience and engagement

by Jessica Kerner, First American Healthcare Finance

In an era of digital natives, new technological solutions to healthcare challenges appear almost daily. Not surprisingly, two-thirds of hospitals report increased tech budgets for this fiscal year. Additionally, over a quarter of hospitals have seen more than a 5 percent increase. A recent survey* by First American Healthcare Finance, in partnership with the American Hospital Association, identified this rise in budgeting for hospital and health system information technology.

Where Are Healthcare Organizations Investing?

With endless possibilities, where are providers investing IT? In 2016, First American met with over 700 unique healthcare organizations to learn about their top investment priorities. Out of 900+ projects, top IT investments fell into four buckets:

- **Infrastructure** to run operations and keep data safe with server, software, and wireless infrastructure upgrades.
- **Communication** to make verbal and digital flow of information more efficient, using tablets, iPhone, nurse call systems, EMR upgrades, and telehealth.
- **Patient monitoring devices** to boost preventative care using heart failure prevention devices (necklaces, wristbands, and watches), nutrition tracking devices and apps, and food scanners.
- **Revenue generating** items such as da Vinci robots, hybrid operating rooms, cutting-edge ultrasound and imaging equipment, artificial intelligence in robots, and 3D bio-printing.

In the past, technology in healthcare organizations meant a handful of computers, some digital monitoring equipment,

and a few pieces of imaging equipment. In today's healthcare environment, technology has never been more aligned with every aspect of the patient experience. Additionally, as physicians utilize these devices, it is more important organizations invest in them. Also, every organization has an EMR system and diagnostic results are shared via mobile devices, many times through cloud computing networks. With this shift in the use of technology, providers must also focus on appropriate security measures to ensure the data they are collecting is safe.

Randy McCleese, CIO at St. Claire Regional Medical Center and former member of the CHIME Board of Trustees describes how technology is impacting every aspect of healthcare, not just the IT department. "Medical equipment is a huge issue for us. In healthcare, we tend to keep pieces of medical equipment for a number of years, sometimes even until it is 15-20 years old. When the equipment was manufactured, the security requirements for that piece of equipment were so different than security requirements today. We must pay attention to devices that are connected to the network and how much data they can share across that network into our EMR. That falls into the security because we have to make sure that they are secure and the data flowing from them are secure, so we don't have ransomware getting into those devices."

As healthcare organizations invest in new technology, they should consider the overall impact of the equipment to the organization, staff, and patients. Examples of some questions to ask are:

- Will additional training for staff be needed?

- What data will be stored on the device?
- Does the equipment sync with current systems or will additional software be needed?
- Do patients have access to the data?
 - If so, full access or partial?
 - Are our current systems robust enough to keep data safe?

Alternatively, routine questions should be asked about old technology to make sure equipment does not become obsolete. Examples of questions to ask about old technology would be:

- What is the recommended useful life?
- Does the old technology sync with the new?
- Are there gaps in the technology that make data vulnerable to attacks?
- Would new technology create efficiencies that old technology cannot match?

As technology factors more and more into patient care and satisfaction, it is important to stay informed of changes by using peer organizations to find new best practices and receiving guidance from industry associations and key partners.

*To read a report on the full survey results, visit: http://fahf.com/hit_survey

About First American Healthcare Finance: First American Healthcare Finance provides leasing and financing solutions for medical and technology equipment, software, expansions, renovations, and services. First American is the equipment financing arm of City National Bank, and on November 2nd, 2015, City National merged with Royal Bank of Canada (RBC) and continues as an independent bank within the RBC family of companies. First American Healthcare Finance is also the first equipment financing service to simultaneously achieve the HFMA Peer Reviewed designation and the AHA exclusive endorsement. For more information on Healthcare Financing, contact financing@fahf.com

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The 10 Second Rule

Skipping 11 Months Verification

George Mills at the Joint Commission, stated during an ASHE/Joint Commission teleconference on 21 February, that a hospital only has to “prove” a <10 second transfer from normal to emergency, annually. This decision brings the The Joint Commission in line with the 2012 edition of NFPA 99 and the 2010 edition of NFPA 110.

The Joint Commission’s position mitigates the requirement for someone to stand at an ATS, with a stopwatch each month and record a TDT time. Therefore, it is acceptable to select an ATS, which has the least amount of loads that irritate staff when interrupted, and use the test switch (not opening a feed breaker) to perform a “10 second test”. For the balance of the year you should rotate the ATS used for initiating the test as per NFPA 110, 8.4.3.1, and monitor the TDT time, just in case. Recording the TDT monthly is no longer necessary.

To learn more please go to:
www.mgiepss.com/fhea



Dan Chisholm, Sr., serves as Chairman of the National Fire Protection Association’s Technical Committees responsible for NFPA 110, *Emergency and Standby Power Systems*, NPFA 111, *Stored Electrical Energy Emergency and Standby Power Systems*, and a technical committee member of the Electrical Section of NFPA 99, *Health Care Facilities Code*, while also serving as a primary emergency power consultant to the U.S. Army Medical Department (AMEDD) and the Department of Defense.



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SEE FULL PROGRAM SCHEDULE OF THIS TWO DAY EVENT INSIDE!

Register now at FHEA.org

FHEA 33rd SPRING MEETING • May 11-12

“Pursuing Facility Management Excellence”

KEYNOTE PRESENTATION:

The Pulse Club Mass Shooting: An Emergency Management Perspective:
How Orlando Health prepared for and handled this crisis, and lessons learned in the aftermath

PLUS

**Certified Healthcare Constructor (CHC) Exam Review Course
and CHC Exam**

**Registration deadline for CHC Exam Review and Exam
is Friday, April 14!**

Registration for *each* element of this meeting is separate; registering for one does not register you for the others.

10th Annual Spring Meeting Golf Scramble - May 11 - LPGA International
please contact Lily Salkoff Piner to register or sponsor: lsalkoffpiner@gmail.com