



President's Message

You have not heard from us since last November but I can assure you it has been a busy time for the Health Care Council officers and staff. The Annual Report we published and mailed to over 1000 recipients was well received. As you may recall we used the report to be the last quarter newsletter as it contained an excellent summary of the year's activities.

Since that time we have moved forward with a second contract to provide and manage the FM Track at Health Care Design 11 to be held in Nashville on November 13 to 16. Visit www.HCD11.com for program details. We had one of our officers attend *Hospital Build Europe* this past April in Germany. They were most impressed with the Health Care Council and invited us to be a sponsor for the Health and Design 7th World Congress held in Boston in early July. Our contribution was to provide several presentations in the Facility Management area. Visit www.designandhealth.com to view the program.

We continue to hear from a variety of interested professionals in the successful benchmarking project we did for *Operations and Maintenance Benchmarks for Health Care Facilities*. The report is considered a great success and we are beginning Benchmarking 2.0 with a revised format and hopes of attracting a larger participation. One of the new developments we are investigating is having the benchmarking on-line as opposed to a published static report. We have received great interest from our neighbor to the north, the *Canadian Healthcare Engineering Society*.

They are very encouraged to participate in the next round of Benchmarking.

The severe weather events and resulting destruction from tornadoes, earthquakes, tsunamis, wildfires, radiation exposure, massive power outages and flooding and have touched most areas of the county and world. Billions of dollars in destruction will certainly cause risk managers to reevaluate Business Continuity Plans and Emergency Response.

Those of us who have worked with the Joint Commission requirements are familiar with the matrix for the Hazard Vulnerability Analysis to help prioritize the most likely event for a planned response. In light of the last years events it is certain that a different matrix may result from a new analysis and yield different results. Healthcare institutions are no exception to these disasters. It is not uncommon today for an acute care hospital to be able to sustain itself without the utility for longer outages.

With more information on the impact of these disasters coming to the forefront we will be looking for educational opportunities to assist our members and others in the healthcare domain for the emerging best practices to handle megadisasters.

Have a safe summer!

William Gregory

President

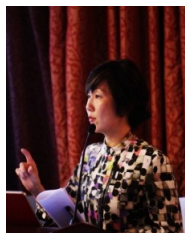
International Presence Strong for Health Care Council in 2011

Through innovative programs and participation at two global health care meetings, the Health Care Council continues to further the health care facilities management discussion worldwide. Read on to learn how we designed a program for an international audience in Boston, brought our renowned educational seminars to Canada and sent a representative to Germany to connect with European members.



IFMA HCC EVENT BATS LEAD-OFF AT WORLD CONGRESS IN BOSTON

Steve Cockerham, David Hanitchak, Paula Quan and Phil Nedin of Arup Take questions from the audience at the preconference Forum. Cockerham, Quan and Hanitchak also gave presentations at the forum.



A global forum, organized by the Healthcare Council of IFMA (IFMA HCC), on the interaction of facilities management and design processes was the kickoff event at the Design & Health 7th World Congress in Boston.

More than 450 delegates attended representing 46 countries, which is being held for the first time in the U.S. A partnership has been established between the IFMA HCC and International Academy of Architecture for Health to add facilities to the conference agenda. The Academy, which is based in Stockholm, Sweden, has been uniting the fields of architecture, design, health sciences, economics and psychology for two decades.

Speakers from three of the most prestigious hospitals in the U.S. were recruited by IFMA HCC for the opening session:

- Steve Cockerham, Vice President, Planning, Design & Construction, BJC Health Care, St. Louis

- David Hanitchak, Director of Planning & Construction/Project Executive, Partners Healthcare Real Estate, Boston
- Paula Quan, Executive Director of Capital Planning & Design, Children's Hospital, Boston

The three speakers addressed "The Impact of Design on Operations & Maintenance," covering how the interaction of facilities management and design processes can impact the quality and efficiency of operations and improve healthcare outcomes.

The inclusion of this forum in the Congress is indicative of the growing recognition of the importance of facilities management in a healthcare organization and the international impact of IFMA HCC, said Bill Gregory, president of IFMA HCC.

The Design & Health World Congress was held in July at the Marriott Copley Place Hotel in Boston.



Finance, Benchmarking, Energy Savings Focus of First Ever Educational Session in Toronto

IFMA HCC's first venture across the border into Canada drew overwhelmingly positive feedback and resulted in a newly forged partnership with the Toronto area's most influential conservation and benchmarking agencies.

(continued from page two)

“Resolving Financial and Facilities Tradeoffs in Healthcare” was the title of the half day symposium on operational efficiency, energy, and environmental issues in Toronto in June. Alan Whitson, President of Corporate Realty, Design & Management Institute, was the lead speaker pulling nuggets for the Canadians from prior presentations on finance and environmental issues.

Co-hosting the program was the Toronto Region & Conservation Authority (TRCA), a quasi government program that has been implementing sustainability programs for the past 20 years, and Greening Health Care. Some 45 hospitals participate in Greening Health Care, a collaborative program that helps hospitals work together to lower their energy and operating costs while contributing to the health and well-being of their communities.

Greening Health Care members manage data, assess their energy and environmental performance and track savings, using the largest online hospital database in Canada. They share knowledge and best-practices through workshops, webinars and e-mail to help plan, implement and verify improvements. The program was launched for Ontario hospitals in 2004 in partnership with TRCA as part of their "Living City" initiative and is now available to any hospital in Canada.



- Mike Bonnah, Director of Operations and Logistics and Chief Energy Conservation Officer for West Park Healthcare Centre
- Ian Jarvis, President of Enerlife Consulting and Past Chair of Canada Green Building Council
- Ron Lowe, Director Facilities, Hospital for Sick Children

Lowe is responsible for 2 million square feet. He is targeting to save \$2 million annually in energy related expenses. Lowe says his key to success is making sure the financial officer is totally involved. “If he (the CFO) can’t explain what we’re trying to do to the board, it’s a problem.”

Bonnah, who is one of the few FMs to hold a chief energy conservation officer title, said his key to success is building credibility over the course of time. “When we tell the CFO we’re going to saving money on energy reduction programs, we save the money.”

The Greening Health Care data provides a benchmarking tool for its members to accurately measure improvements and overall performance. The panel moderator, Ian Jarvis, will join Wilkening and Ron Kalich of Kaiser Permanente in a benchmarking workshop scheduled by IFMA HCC at the Healthcare Design Conference in Nashville on November 13.

Earning Credibility with CFO

The collaboration with the Canadian groups led to a scintillating panel discussion. IFMA HCC’s Director of Research and Benchmarking Chairman, Todd Wilkening, participated on the panel giving the audience a North American wide perspective. Sharing the stage with Todd were:

Facilities Director Ron Lowe’s annual energy savings target is \$2 million at Toronto’s Hospital for Sick Children



Green Healthcare Design in Young Stage in Germany

Editor's Note: IFMA HC sent a delegate to the HospitalBuild Europe 2011 Conference in Nurnberg, Germany to connect with European members. Jürgen Zimmermann presented the session on Green Healthcare

By Jürgen Zimmermann

Establishing Green or Sustainable Healthcare Design in Europe, particularly Germany, is a very young story.

At the moment there are no certified Green Hospitals in Germany and only a few in Europe. Although there are a lot of new hospital buildings and renovations of existing buildings in Germany, none of them has truly earned the distinction of being named a Green Hospital. Why?

There has to be a certification for a green building, LEED-BREEAM or DGNB, to verify a hospital as green. Otherwise everyone can use some green elements and call the facility a Green Hospital. This is not comparable and I think there has to be a clear definition.

The DGNB (German Society of Sustainable Buildings) label in Germany is very young. It was founded in 2007. A total of 211 Buildings are certified by DGNB as of June 2011. In Germany there is a very high standard for energy use of buildings. Together with the other strong regulations for buildings there was no need for sustainable architecture. That's why Germany is stepping behind the labels of LEED and BREEAM. Investors are looking more closely at sustainable buildings. The DGNB is exporting their label into other countries in Europe which have no label as LEED, BREEAM or DGNB.

The Green Building certification for Hospitals is in preparation. The first pre-certifications will be announced in 2012. On two new hospital constructions projects, we are planning to apply for green hospital certification. These are pilot projects for green hospitals in Germany.

The German DGNB Label criteria's are each with 25 % ecology, economics, technics and construction. The other criteria are social aspects, function and design. This is very different to the labels of LEED and BREEAM.

In Germany there are 2,087 Hospitals with a total of 507,000 beds. This compares to 5,795 registered hospitals with more than 944,270 beds in the U.S. Germany has a population of 82 million compared to 311 million in U.S.

German hospital energy use is (2009):

- Average per bed: 24,670 kWh for Heat and 7,786 kWh for Power.
- or about 380 kWh/m² (4,090 kWh/per sq. ft) for Heat and about 120 kWh/m² (1,292 kWh per sq. ft.) for Power, by about 65m² (700 kWh per sq. ft.) per bed
- This is a total of 12.5 million MWh/year for Heat and 13.9 million MWh/year for Power.
- Energy cost per year for all German Hospitals is 1.7 billion (€) Euros, or 3,348 (€) Euros per bed per year.

The green hospital discussion in Germany is taking into account the lifecycle view on building costs. Hospital owners are becoming more and more aware that maintaining a building costs a lot of money. After an 8 to 10 year period, the construction cost equals the cost for maintaining the facility.



Jürgen Zimmermann of ARCADIS addresses Green Healthcare Design at Nurnberg conference

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This is why a deeper view on the method of a public private partnership (PPP) model is generating growing interest in Germany. ARCADIS is handling project management and technical consulting for the first PPP Hospital in Germany, construction of the Hochtaunus-Kliniken hospital near Frankfurt.

The future of hospital building construction is in designing from a life cycle point of view. The topic will be addressed in depth again at a conference in Frankfurt in October on "Hospital Construction for the Next Generation,"

<http://www.viamedica-stiftung.de/index.php?id=96>

Jürgen Zimmermann, j.zimmermann@arcadis.de, is Architect, Leader Client Sector Healthcare for ARCADIS German. Zimmermann hosted IFMA-*HC's* delegate at HospitalBuild Europe 2011.

Economics of Healthcare from CFO's Vantage Point

By Ryan Marie Smith

When gazing up at the C-Suite, the chief financial officer's office can often be a place of mystery and at times downright intimidating. An eye opening presentation at an educational event co-hosted by IFMA HCC gave a crystal clear picture into the CFO's world and his impact on facilities. Lawrence Furnstahl, CFO of Oregon Health and Science University, gave insight into how running a \$2 billion medical facility weighs on decisions that need to be made when patients, buildings, and employees are at stake.

Furnstahl was guest speaker at the "Economics, Efficiency, Energy & Environment: Making the 4Es Work Together in Healthcare" seminar in Portland (OR). Furnstahl became OHSU's CFO in December 2010, moving to Portland from the Midwest where he'd been Chief Financial and Strategy Officer for the University of Chicago Medical Center for 17 years.

His illustrations at times left the audience on the edge of their seats as the numbers he used were placed into real life context. Economic principles are at work in healthcare just like any other industry. However, the principles can get blurry in healthcare as Furnstahl explained the concept of "declining marginal utility."

This means that "the more one has of a good, the less one values each additional increment. Conversely, the less one has of a good, the more one values each additional increment. For example, he said think of it as a large pizza sitting in front of you, and you are very hungry. You will be willing to pay a large amount for the first slice of pizza, because you are hungry and want it badly. You might be willing to pay a little less for the second slice of pizza, because you aren't as hungry as before. As time goes on, the price you are willing to pay for each remaining slice of pizza declines because you have already received what you wanted.

Now, consider "life" as the slice of pizza. In most instances when "life" is the good, one is not willing to put a price tag on it. People, however, only get one chance at life and are willing to pay increasingly larger amounts of money for each additional increment of "life."

This defines one of the current economic challenges in the debate on healthcare reform. As one of Furnstahl's colleagues, Sherwin Rosen, professor of economics at University of Chicago says, "Maximizing the value of lives saved isn't necessarily the same as maximizing the number of lives saved. More is often invested in the health care of the sick (high risk) than in preventative measures for healthy people (where there's small risk)."



*Lawrence Furnstahl, CFO of
Oregon Health Sciences
University*

Furnstahl says we're living in the "golden age for biomedical science & health care," saying the industry is like physics 100 years ago and space exploration was 50 years ago. "It's the most exciting place to be today." However, he also said, that's resulted in a paradox as we're also in an era of resource constraints. Among them are:

- End of ARRA/stimulus funding
- Federal & state budget deficits
- Funding for Medicare, Medicaid, NIH/NSF, state appropriations
- Health care reform – federal & state
- Pension funding
- New facilities, technology, computing, deferred maintenance
- Competition for human capital

Does this mean that the "strong get stronger, and the weak get left behind?"

Healthcare organizations such as OHSU cannot continue on their current path as their expenses continue to outgrow their revenues by over 1% each year. One percent seems like a small number, but when you are talking about a \$2 billion dollar organization, this 1% runs debt into the millions.

Among the implications for facilities, according to Furnstahl are:

- Clinical earnings will continue to be a primary driver of capital formation through the next decade and be increasingly concentrated in complex cases (In one health system, 70% of the cost is concentrated in just 8% of the members)
- It will be hard to generate capital capacity for continued research expansion without grabbing a bigger share of the clinical market.
- Productivity and process redesign savings are critical.

- Real GDP will rise over the next decade in the neighborhood of 25%-30%
- The biomedicine & healthcare industry's percentage of GDP will be at least as high 10 years from now as it is today
- Only question is whether we (at OHSU) will get our share



Ryan Marie Smith is a communications assistant at the Corporate Realty, Design & Management Institute and student at Portland State University. She covered the 4Es seminar in Portland on behalf of IFMA HCC.

Bring Value Says Controller

Another financial officer spoke at an event this spring co-hosted by IFMA HC in Chicago. Dennis Rizzo, Controller at Metropolitan Chicago Healthcare Council (MCHC), stressed "value" as the takeaway for FM professionals..

"Why do a project that doesn't add value," said Rizzo. He listed four elements that factor into evaluating value:

1. Will it enhance revenue?
2. Will it bring cost savings?
3. Is it the right thing to do?
4. Does it result employee satisfaction?

New Course Brings Finance Alive

Want to propel your funding requests from rejected to approved? If your answer is yes, it's time to take advantage of a finance course that the Corporate Realty, Design & Management Institute has developed in partnership with IFMA HCC.



Entitled “Finance 101 for Healthcare Facility Managers,” the half-day course gives you an opportunity to hone your

financial skills and receive one year of online support from the instructors.

“Lack of budget dollars isn’t the reason most projects aren’t funded. It’s because they are not seen through the lens used by financial decision makers,” says Alan Whitson, the course instructor and President of Corporate Realty, Design & Management Institute. Whitson has taught finance classes at IFMA World Workplace in the past, and received exceptionally high marks from attendees.

The initial course was given as part of IFMA HC’s facilities management track at Healthcare Design .10 conference last fall. The course was subsequently expanded to four hours and most recently delivered in Chicago in May 2011. Among the comments from students, most of whom are experienced facilities managers:

“Explanation and/examples were given in layman’s terms”

“Benchmarking, crunching the numbers, case studies at end”

“There were common sense examples & the explanation of the formulas”

“Learning the formulas & how to use them to make your case”

“Learned strategy for presentation of project to CFO”

“Nothing was missing. Very good presentation”

47 Formulas Guidebook Comes with Course

Course content includes:

- The 4 golden rules of finance and why you should never break them
- The “Ins & Outs” of PV, NPV, ROI and IRR
- How to calculate the cost of delaying your project and get projects approved now
- Why incentives, rebates and tax credits are worth more to your company than your own capital
- How to resolve the “No money in the budget” problem
- The secret password that leads to board level approvals
- How to use the economic consequences of rejecting your proposal to get its approval
- One-year of online support from the instructors

Students also receive a free copy of the *47 Formulas Guidebook* and one year of online support from instructors.

You can view the course syllabus is at the website, www.squarefootage.net

To get a schedule or arrange to bring the course to your city or healthcare organization contact Glenn Fischer, IFMA HC’s VP of Education, 503-274-7162, gfischer@squarefootage.net (Yes, the course is offered as an internal class at hospitals. The instructor will travel to your facility. A Midwest community hospital is the first to take advantage of this offer)

*“We shall not cease from exploration
And the end of all our exploring
Will be to arrive where we started
And know the place for the first time.” ~ T.S. Eliot~*

**IFMA Healthcare Council Tracks
Highlight Healthcare
Design Conference 2011
November 13-16
Gaylord Opryland · Nashville, TN**



IFMA-HC has developed two 2-hour workshops and multiple educational sessions and roundtables for the Healthcare Design Conference 2011 in Nashville this fall. It is second consecutive year a full-fledged FM track has been included in this conference, which last year drew over 3,700 healthcare professionals.

Several of the most respected authorities in healthcare have been recruited by IFMA-HC for these sessions. The popular conference will be held at the Gaylord Opryland Hotel & Convention Center. The world-famous Grand Ole Opry is located next to the hotel.

Opening Day Workshops

Session W03
Sunday, November 13
1:00 to 3:00 pm

Digging Out the Golden Nuggets in Healthcare Benchmarking Data

- Todd Wilkening, Director of Facilities, Ridgeview Medical Center, Waconia, MN
- Ron Kalich, National Facilities Director, Kaiser Permanente, Oakland, CA
- Ian Jarvis, President, EnerLife Consulting, Toronto
- Dave Ennis, Senior Vice President, Kaufmann Hall & Associates, Chicago

Interact with capital funding experts and health care facilities pros who helped compile the data for the "Operations & Maintenance Benchmark for Health Care Facilities Report." This report includes data from 150 hospitals. They will show you how to mine for the golden nuggets in health care's most significant benchmarking report. Among the nuggets are metrics to compare energy consumption, maintenance and utility costs with comparable facilities throughout the U.S., and then translating the numbers into language understood by C-Suite leaders – such as adjusted patient days and adjusted discharges. You will also delve into finding the most economical options for new capacity by benchmarking to the proprietary hospital companies' construction cost capability and how to generate capital capacity through operating efficiencies.

Session W04

Sunday, November 13

3:15 to 5:15 pm



Energy Modeling Night at the Improv-Featuring the Wizard of Healthcare Sustainable Design

- Kim Shinn, Senior Sustainability Consultant, TLC Engineering, Nashville, TN
- Roy Gunsolus, Principal Director of Sustainable Healthcare, HKS Architects, Dallas, TX

Welcome to a lively and interactive demonstration in the use of energy modeling software and how it can be used by design teams to inform and influence early design decisions. The presenters divide the audience into competitive teams and engage them as participants in the early design process, demonstrating how the eQuest "Schematic Design Wizard" can assist them in making informed design decisions that can lay the foundation for truly low energy intensity healthcare buildings – hospitals, long-term care, clinic and outpatient centers.

Roundtables

Monday, November 14, 2011

9:00-10:00 a.m.

E08A – How Does the Architectural Profession Respond to Utilizing Design Standards Within a Large Healthcare System?

Robert McCool, Vice President, Facilities Resource Group, Ascension Health, St. Louis, MO

10:15-11:15 a.m.

E16A – Evidence-Based Ambulatory Care Environments for the Age of Healthcare Reform and Physician Integration

Wright Pinson, MBA, MD, Deputy Vice-Chancellor for Health Affairs Chief Executive Officer, Vanderbilt Health System, President Vanderbilt Health Services, Senior Associate Dean for Clinical Affairs Vanderbilt University Medical Center, Nashville, TN

Constance Nestor, EDAC, FACHE, Senior Vice President Gresham Smith and Partners, Chicago, IL

11:30-12:30

E48A - Running the Gauntlet at Number One Ranked Children's Hospital

Paula Quan, Executive Director of Capital Planning & Design, Children's Hospital Boston, Boston, MA

1:45-2:45 p.m.

R19 – Mentoring the Next Generation

Leo Gehrig, IFMA Healthcare Council Facility Management Career Development Committee

David Hewett, President, Hewett Associates

1:45-2:45 p.m.

E32A – Empowering Patients with Connected Medicine

Dr. Andrew R. Watson, Surgeon, CMO, CCM, University of Pittsburgh Medical Center, Pittsburgh, PA

James A. Brownrigg, Vice President, General Manager, Turner Construction, Brentwood, TN

Tuesday, November 15th, 2011

2:15-3:15 p.m.

E40A– LEAN–What Medical Center Learned On Its Journey

Hal Hudson, Director of Construction, Mercy Medical Center – North Iowa, Mason City, IA

Nathan Bergh, Process Excellence, Mercy Medical Center – North Iowa, Mason City, IA

3:30-4:30 p.m.

E24A – Overcoming Misunderstandings in What Constitutes “Finished Design”

Russ Manning, LEED AP, Senior Health System Planner, Capital Planning Branch, Portfolio Planning & Management Division, Office of the Assistant Secretary of Defense for Health Affairs, Falls Church, VA

Visit the Health Care Design website at www.healthcaredesignmagazine.com to learn more.

Ask for IFMA Member Registration Discount

When registering for the conference, please remember there's a 10% discount extended to IFMA members. The discount code is IFMA11

IFMA's Energy Challenge and ENERGY STAR

A year ago, IFMA launched its Energy Challenge and opened up its Portfolio Manager Master Account, allowing members to share their Energy Star data. We are pleased to report the account now contains data from 1,112 facilities. As you may recall, the purpose of sharing the data was to allow members to benchmark energy consumption with other organizations. In a year's time, we have created a benchmarking report which can be downloaded at

<http://ifmacommunity.org/media/p/1053164.aspx>.

This report breaks down facilities into various building types, many of which align with IFMA Councils and includes the Energy Star rating, EUI, and green house gas emissions for each building listed. As we accumulate more buildings' energy data, we plan to provide more customized reports.

We encourage you to ask your council members who participate in ENERGY STAR to share their information with IFMA. The facility use categories were customized in the report match those of the IFMA councils. If you have questions about this report or the IFMA Energy Star Portfolio program, please contact Shari Epstein, IFMA's Director of Research at shari.epstein@ifma.org.

Here is the link that explains how to share data with IFMA's master account:<http://www.ifma.org/sustainability/>



HCC Sustainability Initiatives

By Brian Weldy



Opportunities to implement sustainability are all around us if we just keep our eyes open and reach out and connect with others. Just recently I had a conversation with a Neonatal

Nurse talking about their automatic water faucets located in each of the rooms. A timer is set to run the water periodically to assure the water temperature at the sink is delivering water at the correct temperature. She also stated the faucets often times continue to flow water for up to an additional minute after the nurse leaves the sink. As you can image, this is a waste of both water and the energy needed to heat that water that is not being used. I am sure there is a solution to this and the facility manager is the problem solver!

What I find so fascinating is that sustainability is such a natural fit for healthcare. Most people that enter the healthcare professional do so because of their compassion to improve the human condition... improve the human condition by both direct patient care and to improve the environment around which quality healthcare is delivered. I find most healthcare professionals very interested and engaged in looking for ways to reduce waste and increase recycling, reducing energy by tuning their central energy plant operation and suggesting product sourcing alternatives. This again involves the hospital facility manager.

"Our human mission is to assist individuals in becoming proactive advocates for their own health and wealth as they become aware of the connection between their energy, consciousness, illness and wellness, focusing on the entire body at the cellular level."

~ Sherry Anshara~

I hope you are seeing a trend? Many, if not most, facility managers are involved with their hospitals sustainability efforts. Facility Managers need to learn what they can about sustainability, what others are doing and what lessons have been learned specific to the healthcare industry. This knowledge and sharing other's practice will help make facility manager a key member of their hospital's sustainability team.

On April 6th-8th, 2011 CleanMed hosted its annual conference in Phoenix, AZ. Topics covered at this healthcare specific sustainability conference included updates on the LEED 2009 for Healthcare certification, Green Building Design, The Hospital of the Future, Strategic Energy Best Practice and much more with several sessions and vendors focusing on Healthcare FM sustainability solutions.

Upcoming Events

Energy, Efficiency, Economics & Environment: Making the 4E's Work Together in Healthcare

September 14, 2011, Philadelphia, PA

Fox Chase Cancer Center. Guest Speakers include John Kemper, CEO of KLMK Group and Lyle E. Sheldon, President/CEO of Upper Chesapeake Health System
www.squarefootage.net

Finance 101 for Facility & Property Managers

September 15, Philadelphia, PA
www.squarefootage.net

Energy, Efficiency, Economics & Environment: Making the 4E's Work Together in Healthcare

September 16, 2011, Washington DC
Inova Health System, Falls Church, VA campus
Joint session with Practice Greenhealth
www.squarefootage.net

Energy, Efficiency, Economics & Environment: Making the 4E's Work Together in Healthcare

September 22, Houston TX
The Methodist Hospital
www.squarefootage.net

Energy, Efficiency, Economics & Environment: Making the 4E's Work Together in Healthcare

October 6, 2011, Minneapolis, MN
Ridgeview Medical Center, Waconia campus
www.squarefootage.net

Energy, Efficiency, Economics & Environment: Making the 4E's Work Together in Healthcare

October 12, 2011, Seattle, WA
Fred Hutchinson Cancer Research Center
www.squarefootage.net

IFMA World Workplace

October 26-28, 2011, Phoenix, AZ
www.worldworkplace.org

Energy, Efficiency, Economics & Environment: Making the 4E's Work Together in Healthcare

November 10, 2011, Cleveland, OH
Joint session with Northern Ohio Society of
Healthcare Engineers
www.squarefootage.net

"Virtually every behavioral pattern exhibited during routine activities of daily living results from learned data, which are stored or encoded as "cellular memory."

~ Anup Kanodia MD, Assistant Clinical Professor at Ohio, Department of Family, Center of Integrative Medicine~

Healthcare Design .11

November 13-16, 2011, Nashville, TN

Gaylord Opryland

IFMA HCC presents two workshops and multiple educational sessions

www.HCD11.com

(IFMA discount code is IFMA11)

The Health Care Council welcomes our new members from November 2010 to June 2011

Carl Allen, Integrated Group LLC
William Altstaetter, The Kip Company (dba CS Gulf Coast)
William Ascani, AAO-HNS/F Inc.
Diana Baber, Hillside Inc.
Thomas Baker, iM STUDIOS, LLC.
David Benson, Global Systems of America Corp.
Rene Bont, Bont Facility Management BV
Vincent Braddock, Central Baptist Hospital
Nicole Bridges, Baxter Pharmaceutical
Victoria Brusco-Meek, American Academy of Ophthalmology
Dale Cain, Facility One
Thomas Campiglia, TCA Architects/Builders
Christopher Carden, Servpro
Jerry Cardone, Medco Health Solutions, Inc.
Martin Casper, Pfizer
Ralph Catino, AwareManager
Richard Chiovarelli, Rapid Access – Conservation Energy Solutions
Stephanie Chippas, Kimball Office
Eric Collins, Texas Medical Corporation
Phil Collins, Saber Power Services, LLC
Mark Craft, State of Nebraska
Carsten Cramer, ISS Facility Services, A/S
John D'Angelo, Cleveland Clinic
Travis Duncan, Seattle Cancer Care Alliance
Hans Edwards, Edwards & Hill Office Furniture
Scott Edwards, Lakeview Village

Jerry Faulkenburg, Blue Cross Blue Shield of SC
Jo Anna Francis, St. John's Mercy Medical Center
Christopher Fortier, Corning, Inc.
Robert Frazier, Morningside of Fullerton
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Bridgett Grant, Texas Medical Center
Brian Hanna, Sudbury Regional Hospital, Laurentian Site
Theodore Hoffman, Lake Health
Hassan Ingram, Floor Fashions
Alan Jackson, Pioneer Specialties Inc.
Kimberly Jarrett-Kann, ISS Facility Services
Deborah Johnson, KND Contracting LLC
Eugene Jones, Creative
Ryan Kelley, ServiceMaster Building Maintenance
Suzanne Lasiter, AlliedBarton Security Services
Kelly Leal, Texas Medical Center
George Light, Musculoskeletal Transplant Found
Michael Lloyd, CS Group Inc.
Aaron McElhoe, Decatur County Hospital
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Charles Morse, Ward north American
Matthes Mosley, CompView, Inc.
Mike Nelson, Pro-Link, Inc.
Lisa Nickerson, Campanelli Companies
Jerry Ortiz, Pacwest Security Services
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Michael Piscitello, Albuquerque Health Partners
Robert Rankin, Philips
Peter Ray, Ray Engineering
Micahel Rinaldi, EmblemHealth
Dominie Sabatino-Donat, Frost
Fred Scott, The DASCO Companies
Michael St. Martin, Loucks Associates
Rodney Stabler, Saskatoon Health Region
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Betty Thomas, Gateway Health Plan
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"There are two ways to live your life. One is as though nothing is a miracle. The other is as though everything is a miracle." ~ Albert Einstein~