

October 2009



President's Message

As summer transitions to fall I am excited to inform all of you that the Health Care Council will be undergoing a change in leadership. Leadership transition is a challenge for all councils and usually requires years of a set group of volunteers working together developing trust that no officer or chair will be on their own. Each will always have the support of the others and it's that level of trust that allows the HCC to have Bill Gregory step into the role of president on October 19, 2009.

My current term of office is from October 1, 2008 to September 30, 2010. The by-laws state that a new President can be appointed if the President is unable to fulfill the duties of his term, or resigns. While it is not a matter of the president not being able to fulfill the duties, it is all about taking advantage of the success of the HCC and the years of relationships developed among the officer's to make this strategic change.

Some of you might have met Bill when he was the president of IFMA in 1994. Bill is no stranger to how IFMA works and how it relates to the councils. I have been fortunate to have Bill as one of the Health Care Council's officers for almost 5 years, so he knows what the HCC is all about.

For me, I get to move over and become the immediate past president and continue marketing for the HCC and spend more time looking for partners to support the HCC on our website, in the newsletter and at the conferences we participate in.

As always do not hesitate to call or email me or Bill to discuss your interest in getting more involved with the council or just to let me know about a good idea for the council. Bill and I look forward to meeting as many of you as possible during the remainder of 2009.

Gary Collins, AIA
 President, Health Care Council



Disaster Readiness:

How 1 hospital choose having a 100% electrical back up system & more.

By Todd Wilkening, Director of Facilities, Ridgeview Medical Center

Ridgeview Medical Center provides ongoing utility master planning to support the facility master planning requirements. As an organization under rapid growth, we do not want to have any utility be a barrier to the business.

In researching changes going in the industry and at Ridgeview, the following observations were made.

- Rapid growth was pressing the urgency for electrical upgrade.
- Electrical usage and costs are above metro area averages due to limited ability to load shed large electrical equipment.
- Greater risk for electrical failure due to maximized systems.
- Supporting JCAHO "96 hour rule" for business continuity.
- Community readiness.
- Improved power quality.
- Need to support anticipated future master plans.
- Rapid technology advancements in the areas.
 - Building Management
 - Energy Conservation
 - Information Systems
 - Patient care technologies



Would this be enough to justify a hospital to become 100% redundant?

I believe this is the “right thing” to do for all hospitals in an era of what appears to be growing in national disasters & power interruptions due to electrical supply and delivery limitations. The Facilities Department of Ridgeview Medical Center used the following tools to make the business case for full redundant electrical system.

- Provided benchmarking information that showed Ridgeview’s opportunity for improved electrical usage to reduce operating costs. This information was based upon data collected amongst area hospitals. Although some of these hospitals are competing for patients, Minnesota has a strong Facilities networking group (Minnesota Health Care Engineer’s Association), that often share data to further the success of all hospitals.
- Savings were evaluated based upon “improved cash flow” against a business measuring tool. *Adjusted Patient Days*.
- Determined the cost to the business by not doing the right thing.
- Demonstrated how the outcome will support the master plan without barriers.
- Provided the time frame to improve electrical supply and its delivery. Not days, years.
- Provided statistics about hospital utilization actually increases in times of community power disruptions.
- Explained at what point the hospital will not deliver its mission to provide patient care with limited or no power. Not a desirable fact as communities see hospitals as their “safety net”. Limitations of any kind in a hospital is not appealing to patients.
- Information from patient service line leaders as to what is their productivity level during power disruptions.
- Facts about how patient care would not be affected during the project.
- Information as to what is the lost revenue during power disruptions. Example: Each time a surgical case is canceled or delayed can impact profits in excess of \$17,000 per hour per OR suite.

The minimal need of Ridgeview Medical Center was to update strictly its electrical service and life safety and critical emergency circuits. Because of the criteria listed above, Ridgeview’s Board of Directors determined that being fully redundant made business & people sense. The scope of the work included

- Redundant main services and power feeds that allow the hospital to easily switch from one service to another should something happen to the utility providers equipment that does not require starting of the generator.
- 2000 KW generator which fully supports life safety, critical, ups, and normal power electrical branches.
- Hook ups for tying in portable emergency generator(s) to the system.
- Redundant switch gear that supports the “plug and play” concept of future needed capacity without disruption.
- Redundant fuel sources and fuel delivery systems.
- The ability to soft load the hospital from the utility provider without being noticed by building occupants.
- During imminent threatening weather in the area, Ridgeview will transfer the hospital from the electric company to the generator and “ride out the storm”. Beyond preventing a disruption, protects extremely sensitive equipment from damage during power losses, brown outs or surges.



Additionally, Ridgeview Medical Center has redundant systems with emergency connections to the areas of high & low pressure boilers, chillers, domestic hot water, medical gasses, HVAC equipment serving critical environments, etc. The hospital does have multiple domestic water mains serving the building that they can cross feed from, but should the City have a major delivery issue, the supply to the hospital mains would be at risk. Ridgeview is currently researching the ability to install its own well to alleviate this concern. It would be self funded by savings from summer irrigation using City water.



Continued on page 4



Join us while you're attending the **Healthcare Facilities Design Symposium & Expo** or if you happen to be in Chicago.

Oct. 1, 2009
5:30 p.m.-7:30 p.m.
 New Venue! DIRT T Showroom
 10th Floor, Penthouse Suite
 325 N. Wells Street, Chicago, Ill.
 (across from the Merchandise Mart)

Co-sponsored by



Enter a drawing to win fantastic prizes, including an Allsteel office chair



If you're coming from the Expo at Navy Pier, enjoy a beautiful walk in Chicago or bring your cab receipt for reimbursement.

RSVP by September 25 to Jennifer Coble at jennifer.coble@gmail.com or 773-504-1174



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HEALTHCARE

People are often unreasonable, illogical, and self-centered; Forgive them anyway. If you are kind, people may accuse you of selfish, ulterior motives; Be kind anyway. If you are successful you will win some false friends and true enemies; Succeed anyway. If you are honest and frank, people may cheat you; Be honest and frank anyway. What you spend years building, someone could destroy overnight; Build anyway. If you find serenity and happiness, they may be jealous; Be happy anyway. The good you do today, people will often forget tomorrow; Do good anyway. Give the world the best you have, and it may never be enough; Give the world the best you've got anyway You see, in the final analysis, it is between you and God; It was never between you and them anyway.
 ~ Mother Teresa ~

The goal of the Facilities Department at Ridgeview is to demonstrate that during times of community disaster, we can stand independently of disruptions from any utility provider without the need to place limitations on patient care OR shut the hospital down, while making business sense.

If you would like more information about the details of this article, please email todd.wilkening@ridgeviewmedical.org.

Memorial Medical Center builds on a tradition of “hospital”ity

by Benjamin Policicchio, AIA, ASID, CHFM, System Architect & Director, Architectural Planning and Design, Conemaugh Health System



For the past 27 years as Conemaugh Health System’s Architect and Director of Architectural Planning and Design, I have not only witnessed, but encouraged and applauded, the transformation in design models of healthcare facilities, such as Memorial

Medical Center, from basic to the comfortable, nature-focused and family-centered healing environments that many are today.

At Memorial, we are committed to creating a hospitable, patient and family-friendly setting that promotes healing and improved well being, first, by bringing the outside in.

Nature plays a significant role in helping us accomplish our design goals. We have more than 200 plants ranging in size and species displayed throughout the hospital and utilize natural light whenever possible. Our five-story Atrium is a perfect example of the soothing attributes of natural light, as a place where patients and family members can enjoy a peaceful get-away, bathed in sunlight, while taking in the consolatory sounds of another one of nature’s gifts, water, provided by a gorgeous fountain. As in the hospitality industry, water elements are incorporated in many ways to enhance a peaceful setting. At Memorial, we use aquariums as a calming tool. For instance, the Emergency Medicine Department features a 300-gallon built-in with colorful, freshwater cichlids. In order to complement the facility’s nature components, much attention is also paid to paint selection, which incorporates warm, muted shades, and artwork that includes oils and watercolors, particularly neutrals and landscapes.



The Palliative Care Unit, which opened in January of 2008, exemplifies a family-centered area highlighting many natural components. Considering the clientele, great care was taken in designing and outfitting this unit to ensure a positive, peaceful first impression upon entering. The materials used are wood grain, while the color palette is a soothing neutral. To give the unit a home-like feel, special attention was given to detail. In an effort to conceal clinical supplies- needle boxes, alcohol wipes and glove boxes are obscured in cabinets and for the added comfort of family members, there are sleeper sofas and recliners along with a DVD and CD player. To complete the space’s warm inviting feel, window treatments, soft adjustable lighting, plants, beautiful artwork and display shelves were added.

Healthcare design has undergone a remarkable evolution over the past few decades. While economic limitations are always a consideration, Memorial Medical Center strives to remain at the forefront of this shift-emphasizing hospitality, comfort and peace, and oftentimes utilizing materials and the elements of nature, in an effort to advance patient healing and the elements of wellbeing- physical, mental, emotional and spiritual.

bpolicic@conemaugh.org

814-534-9000

www.conemaugh.org



*Put your hand on a hot stove for a minute, and it seems like an hour.
Sit with a pretty girl for an hour, and it seems like a minute.*

That’s relativity.

~Albert Einstein~

Volunteer Profile:



Name: Brian Weldy

Position: VP Engineering and Facility Management

Company and location:

Hospital Corporation of America (HCA)

Ways that you've volunteered with the Health Care Council and IFMA?

I have been a member of IFMA for more than a decade. During the last seven years I have been active in the IFMA Nashville Chapter involved in several committees and was Chapter President in 2006. This year I became involved in the Health Care Council as VP of Sustainability. I am excited to be more involved with the Health Care Council and look forward to working with the Council leadership and members.

How did you get into the industry?

Back in 1983 the economy was similar to today and jobs were a challenge to come by as a new college graduate. Turning over many stones, I heard about healthcare facility management and decided to learn more. After some research I thought I would give facility management a try. After 24 years I can say facility management is an excellent career.

What was your best day at work? I like the quote, "Yesterday is history. Tomorrow is a mystery. Today is a gift. That's why it is called the present." The best day is the present. Ask yourself the question, "Am I doing what is most important today?"

What issue (professional or personal) are you most passionate about?

I guess I don't have a specific passionate issue but rather some ideals important to me in addressing any variety of issues.

- Challenge the status quo – just because everyone is doing it doesn't make it the best solution.
- Use a balance of theory and practice.
- Things get done with and through others. Remember to treat others as you want to be treated.
- There are as many sides to a story as there are sides.

If you were King for a Day in the health care industry, what one thing would you change?

Assure Healthcare Reformation with Representation

What advice would you give someone getting into your profession today?

Healthcare facility management is a great profession. The job is exciting with all the things a healthcare facility manager can be part of. For example, facility planning, design and construction, maintenance and operations, various healthcare committees, facility regulatory compliance and energy conservation just to name a few. The job is challenging and individuals will learn many different professional skills during their career. Facility Management has a complexity that requires an expertise businesses need.

What are the three best words to describe you?

Why - Why Not (My children taught me this one)

What is your favorite activity outside of work?

I really enjoy the outdoors whether mountain climbing or walking along the beach.

Best book ever read or movie ever watched? Besides the Bible, my favorite books and movies are about history. There so many great books from great authors about history that I have enjoyed over the years it would be hard for me to single out the best one. I do suggest listening to college Professor Rufus Fears, The Wisdom of History (<http://www.teach12.com/ttcx/CourseDescLong2.aspx?cid=4360>).

The John Adams mini-series is an excellent movie as well. I believe so much can be learned from these great books.

Contact information:

Brian Weldy

VP Engineering and Facility Management | HCA

Brian.weldy@hcahealthcare.com

615.344.2103

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Welcome to our newest members!

(from May to July 2009)

Facility Professionals

Stephen Alvarez, St. Jude Medical
Alfred Ayotte, The John McGivney Children's Centre
Carol Beausay, CareSource
John Brewer, WorkplacelQ
Richard Chambers, Prince William Hospital
Roger Cole, OHSU - Oregon Health and Science University
Edward Fay, Robert Wood Johnson University Hospital
Paul Gilman, Kaiser Permanente
John Harden, Abbott Medical Optics
Jennifer Jensen-Sullivan, Genoptix, Inc.
Joanne Katz, Partners Healthcare System, Inc.
John Lackey, Johnson Controls Inc.
James Jang-Uk Lee, City Centre Care Society
Roger LePage, Crowthee Facility Services
Clint Lord, Maricopa Integrated Health System
Mary Martinez, Carefirst Blue Cross Blue Shield
Wayne Mason, US HealthWorks
Joe Middleton, The Mary Imogene Bassett Hospital
Laura Phelps, Scan Health Plan
Teresa Pelanne, MD Anderson Cancer Center
Jarle Rasmussen, Carillion Services (ROH) Inc./Carillion Canada Inc.
James Schroeder, Consultant
Richard Sloan, Intermountain Health Care

Associate Members

Mark Abernathy, Cabro Logistical Solutions
Allan Hirsh, Hospitality Services Inc.
Mark Krueger, Wiss, Janney, Elstner Associates, Inc.
Chris Masloroff, Leopardo Companies, Inc.
Michael Mudie, Design Materials
Debbie Portilla, Flooring Specialties International
Mark Sarickas, Precision-West Technologies

William Sayles, TRG Builders
Raya Sfeir, Cleaners of America
Leah Smith, Design Materials
Sandra Soraci, Environments At Work
Henri Verploegh, PRC
Wendy Waytena, ABT Associates Inc.
Bruce Wesner, Life Cycle Engineering

Bring a Guest to Upcoming Seminars

If you work in Seattle or Houston areas, help recruit a new member. Bring a facility professional to the "Making Sense Out of Sustainability in Healthcare" seminar in those two cities. "Comp" tickets available for your FM guest. Contact Glenn Fischer at 503-274-7162 or gfischer@squarefootage.net for details on the "Bring a Guest" program. Seattle seminar is on Sept. 23, Houston on Sept. 30.

2009 Calendar of Events

September 30-October 2, 2009

Healthcare Facilities Symposium & Expo
Chicago, IL

www.hcarefacilities.com

Visit the Green Patient Lab on the expo floor and join the Health Care Council for a reception on October 1 from 5:30-7:30. Contact Jennifer.coble@gmail.com for more information.

October 7-9, 2009

IFMA's World Work Place
Orlando, FL

www.worldworkplace.org

Don't miss our Council's sessions:

10/7/09 – 8:30-9:45 a.m., Health Care Council Meeting: learn about our recent successes and plans for the future and take the opportunity to provide feedback to Council leaders.

10/9/09 – 11:00 a.m. -1:00 p.m. Facilities Management Benchmarking Business Value - Todd Wilkening

October 31-November 3, 2009

Health Care Design 09

Orlando, FL

www.hcd09.com

November 11-14, 2009

Greenbuild

Phoenix, AZ

www.greenbuildexpo.org

Visit the Green Patient Lab!

Health Care Council Officers and Chairs

Officers

Council President

Gary W. Collins, AIA
Anshen and Allen Architects
Ph: 312-622-3732

E-mail: gary.collins@anshen.com

Vice President, Programs

Glenn H. Fischer
Corporate Realty, Design & Management Institute
Ph: 503-274-7162
Email: gfisher@squarefootage.net

Vice President, News & Information

Jeff Kent

Nemours Foundation

Ph: 904-232-4274

Email: jkent@nemours.org

Vice President, Membership

William L. Gregory, PE,CFM,IFMA Fellow
Adelphoi USA

Ph: 724-520-1111

Email: williamgr@adelphoivillage.org

Vice President, Research

Todd Wilkening

Ridgeview Medical Center

Ph: 952-442-2191

Email: todd.wilkening@ridgeviewmedical.org

Vice President, Sustainability

Brian Weldy

HCA

Ph: 615-344-2103

Email: brian.weldy@hcahealthcare.com

Council Treasurer

Malcolm Lim, PE
UCT

Ph: 847-459-9090

Email: m_lim@uctgroup.com

Council Administrator and Membership Chair

Jennifer Coble

Ph: 773-504-1174

Email: Jennifer.coble@gmail.com

Committee Chairs

Newsletter Chair

Rita Chmiel

ISS Grounds Control, Inc.

Phone: 602-304-0304

E-mail: rchmiel@groundscontrol.com

Programs Chair

Robert Blakey, CFM

Strategic Equity Associates

Ph: 800-532-2430

Email: robert.blakey@strategicequity.org

Design Standards Chair

Constance E. Nestor
Advocate HealthCare
Ph: 847-384-3602

Email: constance.nestor@advocatehealth.com

Chapter Chair

Benjamin J. Policicchio AIA, ASID, CHFAM

Conemaugh Memorial Medical Center

Ph: 814-534-9612

E-mail: bpolici@conemaugh.org