

Hospital Engineering

Webinar Series

- Education on the latest technical topics
- Promotion and advancement of the health care engineering profession

January 8, 2015

The ACA: A Roadmap for Facility Managers and Design Teams

January 22, 2015

Medical Gas System Management

February 5, 2015

Building a Culture of Safety

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World Class Facility Leadership: What They Have,
What We Want

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Trimming the Fat: Slimming Down Health Care Facilities

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Providing Value Through Airflow Setbacks and
Retro-Commissioning

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Reducing Hospital Cost Structure Through Benchmarking
and Resourcing

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Radical Procedure Extends Life of a 30-Year-Old OR Suite

May 6, 2015

Using Utility Rate Advocacy to Cut Costs

May 21, 2015

Exploring the Facility Manager Toolbox: Finding Your Path

NHA Nebraska
Hospital
Association

The influential voice of Nebraska's hospitals

Overview

The operational cost of a health care facility is related to its environment and equipment, which are the responsibility of plant engineering personnel, facility management, clinical engineering, telecommunications and safety management. These personnel have a personal responsibility to their advance skills, awareness and knowledge to maintain a proper level of effectiveness and efficiency for operational patient care.

The 2015 Hospital Engineering Webinar Series will provide these staff with education on the latest technical topics, but will also assist in promoting the profession of the health care engineer and advancing the development of health care engineering.

Who Should Participate?

- Facility Managers
- Plant Engineers
- Operations Directors
- Clinical Engineering
- Telecommunications
- Safety Management
- Health Care Administrators
- Nurse Leaders
- Facility Planning Representatives
- Facility Design Team Members

**Register for
individual sessions or
register for the entire
series and SAVE \$150!**

What Time?

All sessions are from 10:00 – 11:30 a.m. Central Time

Webinar Series Schedule

January 8, 2015

The ACA: A Roadmap for Facility Managers and Design Teams

Speakers: Eileen Malone & Ellen Taylor

The 2010 Patient Protection and Affordable Care Act (ACA) touches nearly every part of health care delivery. The shift from volume to value is a fundamental change that impacts reimbursement and how we think about our facilities as a strategic part of solutions. The webinar will provide an overview of the legislation, as it impacts facility design, along with a summary of the implications, such as the Hospital Consumer Assessment of the Healthcare Providers and Systems (HCAHPS) survey, Hospital-Acquired Conditions Reductions Program and the Partnership for Patients program. The speakers will outline how architects, designers and facility managers have an important role in contributing to solutions that achieve these targeted outcomes. Participants will learn about how the built environment shapes health care outcomes, most notably, those tied to reimbursement. Resources from the Center for Health Design, such as the knowledge repository, research papers for topics such as flooring and furnishings, and the clinic design website will be used to demonstrate the relationship between the environment and outcomes. A framework will be provided so that teams can incorporate this knowledge in their daily work and facility life-cycle decision making in order to reduce HACs like health care-associated infections, patient falls and medication errors. ACA enactment represents a singular opportunity for board members, administrators, architects, designers and facility managers to incorporate the role of the build environment to improve outcomes linked to reimbursement.

January 22, 2015

Medical Gas System Management

Speaker: William "Bill" Morgan

This session will help facility managers understand the use of a medical gas management plan for improving the testing, maintenance, and inspection process in their facility for medical gas systems. It uses a management plan approach to better identify what systems are in a facility and how they are managed. The session will discuss the location of inspection timelines in codes and standards to help identify both timelines and processes used to manage medical gas systems. The session will also identify The Joint Commission expectations for medical gas management.

February 5, 2015

Building a Culture of Safety

Speakers: Susan McLaughlin & Dave Duncan

Language about “a culture of safety” is embedded within the Leadership chapter in The Joint Commission Accreditation Manual for Hospitals. On the surface, the requirements seem to apply to the clinical side of health care, being more focused on the patient than on the environment. Thinking about it more closely, almost everything that we do to manage the environment of care can and should be tied back to the patient. This is the focus we must have to manage our hospital facilities on a day-to-day basis and to effectively provide the best quality patient care. This session will describe The Joint Commission standards referencing the culture of safety and explain how the environment of care is critical to that concept. It will include a case study of HealthAlliance Hospital in Leominster, Massachusetts, and their journey to a remarkable culture of safety. Five years ago, a mock survey showed an organization struggling to maintain EOC compliance. But the leadership of the organization took this on as a challenge, became directly involved and began to quickly turn that around.

February 25, 2015

World Class Facility Leadership: What They Have, What We Want

Speakers: Jack Gosselin & Peter Martin

This session will identify the key competencies and traits that health care organizations are requiring from their facilities management leaders and ways that these expectations should be incorporated into an individual’s career development strategies. Based on position specifications acquired from hiring institutions, this session will provide an understanding of the specific competencies that organizations seek. With a marked increase in the scope of the health care facilities management role in the industry over the past decades, facility managers must strengthen their position by continuously identifying and learning the competencies that fulfil the expectations of their leadership roles. Evolving from a building maintenance support function, the discipline has taken on a critical leadership role that continues to be called upon to advance, manage and lead this diverse accountability for health care organizations.

March 10, 2015

Trimming the Fat: Slimming Down Health Care Facilities

Speakers: Bob Gesing, Dave Brown & Chuck Adams

With the emergence of the Affordable Care Act, population-based health care and the anticipated impact on health care reimbursements and economics, health care systems will be forced to redefine “doing more with less.” Hospitals over the past 30 years have grown exponentially in size. While driven often at times by health care technology and perceived customer expectations, a new paradigm is needed to curb the exponential growth of facilities that may become unsustainable in the near future and seek a new value for health care facility delivery. This session will outline one organization’s journey to accomplish this challenging objective and the pitfalls, successes and failures along the way. Specific issues that will be discussed include the methodologies used to project future demand and methodologies developed to test “what if” scenarios; lean processing techniques employed to assess current operational and facility metrics and expectations; comparison of existing, traditional and “lean” programming and planning metrics; techniques used to test lean modeling solutions and develop comfort and operational plans amongst staff in light of initial objections to size; challenges, techniques, successes and at times failures to transform current operations and culture to align to a new space and organizational paradigm; and what worked and what didn’t work. The presentation will involve data metrics; plans, photographs and video to illustrate how Genesis was able to consolidate two hospitals into a state of the art facility in significantly less area than targeted by “best practice” metrics.

March 24, 2015

Providing Solutions to Board Room Challenges

Speaker: Andy Pahwa

These are arguably the most challenging of times for those engaged in the business of delivering or paying for health care services. The general public and all levels of government have never been more engaged in deciding how health care will be delivered, and to what levels of financial, safety and patient satisfaction performance are expected. A second challenge is that the facility management leadership of many health facilities is aging. Our senior members are leaving at an ever-increasing rate. It is imperative that we engage the next generation of leaders in current strategic and performance discussions, as these individuals will be implementing the results of our work for many years to come. All those involved in managing the built environment must bring a more focused and strategic thought process to the table. There are more eager ears listening than ever before. The time is right. This session will explore necessary changes in our thought processes and the strategic tools needed to ensure continued success of the health facility enterprise. In addition, the session will encourage engagement of the next generation of

Webinar Series Schedule

facility managers in this critical transformation. The session will also introduce additional topics including the health facility business environment, typical health facility cost structure, and common health facility management-related opportunities to reduce the cost structure. The goal of the session is to provide a forum enlisting more facility management professionals into developing the solutions and delivering tools that attendees can implement immediately upon their return to their roles in delivering health care efficiently and safely.

March 31, 2015

Surgical Fire Prevention, Suppression and Response

Speakers: Dave Hood & Dr. Charles Cowles

The risk and ramifications of surgical fires continues to elevate the importance of education and training on the topic. This session will provide an overview of best practices around surgical fire prevention, suppression and evacuation. It will outline the recent FDA “Preventing Surgical Fires Initiative” and associated resources. The session will also address the importance of collaborating with the local fire department/fire marshal. The operating room is an unfamiliar and unique setting to the fire service.

April 9, 2015

Providing Value Through Airflow Setbacks and Retro-Commissioning

Speakers: Terry Scott & Kim Koch

Memorial Hermann Southwest Hospital successfully completed a retro-commissioning project resulting in a reduction in site energy usage intensity (EUI) of 18% (BTU/SF). The project scope included implementation of occupancy-driven airflow setbacks for operating rooms and cath labs, which accounted for a significant portion of the EUI reduction. In addition, infection control and compliance documentation was improved as part of this project due to installed pressure monitoring and control upgrades. There is a lot of talk in the industry concerning the potential energy savings that health care facilities can experience by reducing air exchanges in their operating rooms and cath labs. Despite the talk, there are not many health care facilities that have been willing to attempt what may seem to be an enormous feat. This session will educate participants on the many obstacles that must be overcome to make this happen, including getting infection control, the operating department and hospital administration to buy into the concept. Once buy-in is successful, the facility must then work with engineers, controls contractors, and test and balance companies to bring about the successful code-compliant air exchange reductions. In addition, patient and staff comfort cannot be compromised. This session will outline case studies from these efforts, which include cutting edge control and operational strategies. The presentation will also provide tools participants will be able to utilize when dealing with the AHJ and infection control practitioners.

April 22, 2015

Reducing the Hospital Cost Structure Through Benchmarking and Resourcing

Speakers: Gerry Kaiser & Lindsey Brackett

The current health facility business climate has been frequently characterized as a “perfect storm” of reduced revenues and higher costs. Financial survival requires a significant reduction in cost structure. Most, if not all, health facility cost reduction efforts focus on staffing levels because labor costs represent more than half of the total cost structure. Many facilities have relied on statistically derived percentile staffing benchmarks (i.e., the 25th percentile indicates 25 out of 100 facilities have lower staffing levels) to establish department staffing level targets including maintenance and operations.) This approach, however, has many shortcomings: 1) It does not recognize facility specific differences including age, condition, geographic location and utilization; 2) Its inherent circularity drives staffing levels continuously lower; and 3) It ignores staffing level impacts on energy efficiency, repair costs, patient and visitor satisfaction, infection rates and clinical outcomes. Other facilities have decided to outsource support services including maintenance, food services, environmental transport and patient transport in an effort to reduce costs. Outsourcing efforts frequently offer the promise of early cost savings yet fail to deliver sustained results. Outsourcing can also yield understaffing and the associated adverse impacts on energy efficiency and deferred maintenance backlogs. This session demonstrates how a large health system used a combination of ASHE, IFMA and other custom benchmarking tools to derive the optimum maintenance staffing level and proper mix of insourcing and outsourcing of services (referred to as “resourcing”) for each of its facilities using site specific data. The session also demonstrates how maintenance staffing reductions can actually increase total maintenance costs (labor cost reductions are more than offset by higher energy and repair costs).

April 30, 2015

Radical Procedure Extends Life of a 30-Year-Old OR Suite

Speaker: Bob Black, Jr.

In 1980, Heartland Regional Medical Center built a new facility on a site outside of the established campus. In 2000, a master plan was implemented to guide future growth of the hospital. A surgical suite upgrade and expansion was part of the overall program and was projected to be done near the end of the 10-year plan. An interim program began in 2004 to construct a vascular OR within the former pre-op/holding area. In early 2008, surgical volumes and projections demonstrated the need for additional ORs, necessitating revisions to the master facility plan in 2005. The updated program confirmed the need for a total of 14 ORs, including vascular. Under the revised program, four additional ORs were to be added, with the nine existing ORs to undergo total renovation, and one new OR was to be outfitted with robotics. The revised scope included replacement or upgrade to all mechanical/electrical/plumbing systems and an advanced IT infrastructure to support technology integration. This session will explain how the team came together to update and implement the master facility plan, manage the owner's risk and establish protocols for working adjacent to ORs in service. Also discussed will be how to implement a phased construction process that maintains quality and standards from beginning to end and accomplishes the work when scope increases under the original budget. Participants will also learn how to implement communication tools to improve awareness of project progress and a method of performance process to seek approval for sensitive work during construction.

May 6, 2015

Using Utility Rate Advocacy to Cut Costs

Speakers: Larry Blank & Jessi Jeffries

Investor-owned utilities such as water, gas and electric utilities are regulated by state utility regulatory commissions. These utilities cannot increase their prices nor change any terms of service without formal approval from the regulatory commission. Such proposed changes are typically initiated by the utility company through a formal application process known as a "rate case" and affected parties are given an opportunity to intervene and participate in the proceeding. The only way for customers such as hospitals to influence their service and prices is to intervene in utility rate cases and provide evidence through expert witnesses. This session will begin with a brief overview of the utility rate-making steps, including a description, allocation and rate design for demand charges, energy charges and customer charges. We cover the rate case process starting with the application notice, discovery, testimony, hearing, settlement discussions, final decision and possible appeal. Focus then turns to health facility objectives and other parties in a rate case. Although there are examples of hospitals that have intervened in utility rate cases, a more economical and effective approach is to form a centralized task force. This would provide for shared resources among the members, a common agenda on policy issues, and consistent positions on rate cases. Examples of national organizations that have done this at least in a limited form include Walmart, Kroger, AARP, Sierra Club and the federal government. Of these, the federal government or "Federal Executive Agencies" (FEA) provides the best model to use as a starting point for developing a centrally-organized national task force to address state jurisdictional utility matters. The FEA model does have flaws that can be avoided such as the fact that the state jurisdictions are divided among key federal agencies for taking lead on intervention. For example, the Navy has lead authority in Hawaii, the Department of Energy has lead in New Mexico, and the Air Force has lead authority in Florida because of their respective interests in those states. This session will provide details on a national task force structure. The session will also provide suggestions for effective rate case intervention by hospitals including guidelines on necessary legal and expert witness resources, expected rate case budget and areas that should be covered in testimony. Also reported will be lessons learned from a 2013 case study in which a group of hospitals and the University of Arkansas formed a voluntary association to intervene in full opposition to Entergy Arkansas. Not only did the company in this rate case propose to significantly increase electricity prices paid by hospitals, it also proposed to close interruptible service to new customers, phase-out interruptible service and replace it with a dysfunctional market option. The group intervened in force with eight witnesses covering many aspects of the case.

May 21, 2015

Exploring the Facility Manager Toolbox: Finding Your Path

Speaker: Mark Kennedy

To gain access to the board room, either for a seat at the table or for the support needed to develop a successful facilities program, the facility manager should leverage the many tools at his/her disposal to bring real strategic value to the C-suite. To optimize these opportunities, focus should be on growing value in the facility manager's area of responsibility in support of the core missions of their institution. ASHE has been on this campaign for over 50 years. The original motto, "From the boiler room to the board room," still resonates today. During that time, many tools were added to the ASHE toolkit and body of knowledge to assist facility managers in their development. However, these tools continue to be underutilized, and they are ready to help leverage C-suite trust capital. The first step is to recognize that executive perceptions are facility manager's realities. With this mindset, one can begin to grow the trust necessary to be in all discussions related to facility management and growth. Every individual in the board room is there for a strategic reason. Facilities should be represented from a position of strength and knowledge to assure the mission areas have the physical and operational capacity to achieve success. If not us, who? If not now, when?

Faculty

Chuck Adams

Chuck Adams is director of Lean Six Sigma with Genesis Healthcare System in Zanesville, Ohio. Before joining Genesis, Mr. Adams was senior business process consultant for Nationwide Children's Hospital. He is a registered Professional Engineer in Industrial Engineering in the state of Ohio and a GE Certified Six Sigma Master Black Belt. He is also an ASQ Certified Quality Engineer and an ASQ Certified Six Sigma Black Belt. He currently serves as an adjunct professor at Ohio University where he has taught operations management and statistics for the College of Business, Management Department and Six Sigma for the College of Engineering, Industrial and Systems Engineering Department. Mr. Adams has a Master of Science in Industrial and System Engineering and a Bachelor of Science in Electrical Engineering, both from Ohio University. In addition, he worked 16 years for Paccar, Inc., in many roles within the industrial engineering, quality and Six Sigma departments.

Robert Black Jr., CCM, CHC, SASHE

Bob Black is the Managing Partner of Capital Performance Management, a firm he founded in 1999 to improve the way health care providers manage their real estate investments and implement capital construction programs. Capital Performance Management's core business is agency construction management complimented with consulting for property management, facility operations, and developer services for hospital owners. Mr. Black is a graduate of the University of Nebraska, with a bachelor's degree in engineering with a major in construction management. He became a member of CMAA in 1993 achieving his Certified Construction Manager (CCM) in 1999. His professional affiliations and recognitions include: Construction Management Association of America (CMAA) Person of the Year 2006, Heartland Chapter of CMAA Chapter President, 2003-2006 Construction Manager Certification Institute (CMCI), served on the Board of Governors of CMCI 2000-2007, Chairman of the Exam Committee 2004-2007, received ANSI international accreditation of the CCM process in 2006, American Society of Healthcare Engineers (ASHE) – received senior status 2005 (SASHE), committee member 2006 of PDC and Membership active in all Region 8 chapters.

Larry Blank, Ph.D.

Larry Blank has served the public in various capacities for 30 years. He received his Ph.D. in economics from the University of Tennessee in 1994, specializing in industrial organization and public policy, econometrics and finance. His service includes research at the National Regulatory Research Institute at the Ohio State University and as manager of regulatory, and policy and market analysis with the Nevada Public Utilities Commission. He currently is an associate professor of economics at New Mexico State University, where he teaches graduate-level public utility regulation courses to the Master of Economics students who have elected to specialize in this profession. He also helps deliver nationally-recognized rate-making training programs endorsed by the National Association of Regulatory Utility Commissioners (NARUC) and is attended by hundreds of regulatory professionals from across the United States every year. As a consultant, Dr. Blank has served a variety of clients, including regulatory agencies, utility customers, utility companies, the U.S. Air Force, and the U.S. Department of Energy as the project director for technical assistance to the Energy Regulatory Commission in the Philippines. He has served as an expert witness and/or advisor in over 150 rate cases and rule-making proceedings of various types. He has previously filed written testimony and/or prepared rates-related filings in the following utility regulatory commission jurisdictions: Alaska, Arizona, Arkansas, Colorado, Hawaii, Montana, Nevada, New Mexico, Texas, Vermont and the Federal Energy Regulatory Commission (FERC).

Lindsey Brackett, EI

Lindsey Brackett is the Director of Facility Management Services at TME. She is a graduate of Oklahoma State University with a Bachelor of Science in Architectural Engineering degree. She is Registered Engineer Intern (EI) and a Certified ICC Reinforced Concrete Special Inspector. Ms. Brackett is a member of the American Society of Heating, Refrigeration and Air-Conditioning Engineers (ASHRAE), and the American Society for Healthcare Engineering (ASHE).

Dave Brown

Dave Brown is a director with Navigant Consulting's health care real estate practice with an extensive health care architecture background. Mr. Brown has over 40 years of relevant experience, more than 25 of which has been dedicated to health care design and construction. In his various roles, he has built and led a health care design practice, has been in charge of over 100 health projects, and he has been the project executive for five operating Greenfield replacement hospitals. He has completed design and implementation for more than ten hospital and regional medical centers and led the planning and design of 15 medical office buildings and four psychiatric facilities. He has managed over \$1.5 billion in total project value and participated in multiple "due diligence" assignments requiring the analysis of major capital projects.

Charles E. Cowles, Jr., M.D.

Dr. Charles E. Cowles, Jr. is an assistant professor of anesthesiology at the University of Texas MD Anderson Cancer Center in Houston, Texas. Dr. Cowles specializes in neuroanesthesiology and currently works with the anesthetic team for cases requiring awake craniotomy, intraoperative MRI and pediatrics. He attended medical school at the University of Texas-Houston and completed his residency in anesthesiology from the same institution. Prior to medical school, Dr. Cowles worked for the City of Beaumont, Texas Fire Department with special assignment to a variety of special rescue and tactical teams, as well as serving as a paramedic and field training officer. During that time, he pursued degrees in sports medicine and nursing, and completed studies for registered nurse (RN) in 1998. He also worked in area trauma centers as an ER nurse. Dr. Cowles taught EMS courses and was clinical coordinator at a Houston area community college. He also had the opportunity to assist in the creation of curricula for medical training of NASA astronauts serving aboard the International Space Station and personally instructed several classes of astronauts and cosmonauts in emergency medical response at the Johnson Space Center in Houston. With his fire and EMS background, he was nominated to serve on the American Society of Anesthesiologist's (ASA) Task Force for the management and prevention of OR fires. Over a period of a little over a year, this task force was able to design the current AHA practice advisory, which was approved in the 2007 ASA annual meeting and published in the May 2008 issue of *Anesthesiology*. Dr. Cowles has presented lectures regarding OR fires to several national and international annual meetings. He has worked with the Anesthesia Patient Safety Foundation (APSF) and ECRI in the development of a video about the prevention and management of OR fires, and he has written textbook chapters and review articles regarding OR fires for a variety of anesthesia-related publications. He testified on the matter and is a medical advisor to the FDA's Safe Use Initiative for the Prevention of Surgical Fires. His role has expanded at MD Anderson to include chief perioperative safety officer. Dr. Cowles also serves on the institution's laser safety committee, patient safety committee, institutional safety committee, and infection control committee. He is the ASA representative to the Commission on Accreditation for Respiratory Care (CoARC) and serves on the CoARC board of commissioners, as well as numerous other medical advisory committees.

Dave Duncan

Dave Duncan is corporate vice president of facilities and support services at UMASS Memorial Health Care System, HealthAlliance Hospitals in Leominster, Massachusetts, where he has served since 1990. Mr. Duncan is a senior facilities and operations management professional with more than 30 years of progressive engineering, facilities and support services management, and organizational leadership experience. He has led complex, multi-site operations for a top-tier, award winning health care corporation; been recognized for his ability to devise strategies and lead teams through multimillion-dollar construction and growth initiatives; and specializes in the development and implementation of cost-cutting measures that preserve financial resources while improving efficiency, ensuring adherence to high service and quality standards, and promoting collaboration across all organizational levels to support immediate and long-term goals. He currently oversees engineering, bio-medical, materials management, dietary, environmental services, as well as the HealthAlliance Realty Corporation. Mr. Duncan graduated from Central Connecticut State University with a bachelor's degree in industrial technology. He is actively engaged in the north central Massachusetts community where he resides. He serves in a variety of roles; including, Central Massachusetts Emergency Medical Systems Corporation Board, the Fitchburg Airport Committee, the West Health Institute, the American Society of Hospital Engineers and he is a Licensed Construction Supervisor in the state of Massachusetts.

Bob Gesing

Bob Gesing has served the health care industry for his entire professional career. Prior to establishing Trinity Health Group, he was vice president of health care for two of the nation's largest health care design firms. Over the past 32 years, he has provided analysis, programming, planning, economic impact studies, capital allocation analysis and architectural design. His efforts have helped health systems throughout the country improve quality, decrease operational costs and effectively plan for the future.

Jack Gosselin, CHFM, FASHE

Jack Gosselin has been a leader in health care facilities management for more than 30 years. As principal and founder of Gosselin Associates, Inc., his firm provides facilities management search consulting to health care organizations nationwide. His clients range from rural community hospitals to large teaching institutions, and he has facilitated the placement of many dozens of health care facilities management leaders. Previously, Mr. Gosselin served as vice president, facilities management, for HealthNet of New England, a health care system located in Northeastern Connecticut. He held that position for eight years. Prior to HealthNet, he spent 12 years as director of facilities at North Country Hospital in Newport, Vermont. Active in the industry, he has served on ASHE's board of directors and has chaired and served on several committees. He is a Fellow level member of ASHE and has attained CHFM certification through the American Hospital Association. He is also past president of the New England Healthcare Engineers' Society and has been awarded the President's Award and Engineer of the Year from that chapter. Mr. Gosselin has been published by Inside ASHE and various other publications on topics relating to the field of health care facilities management career development. He lectures frequently on various topics relating to health care engineering and facilities management. He participates as an item writer for the Certified Healthcare Facilities Manager exam, and he has presented at national conferences for ASHE and ASHRAE.

Faculty

David R. Hood

David R. Hood is a principal with Russell Phillips & Associates and serves as president of the organization. He has been serving the health care industry with Russell Phillips & Associates since 1995. He is the chairman of the National Fire Protection Association (NFPA) Health Care Section executive board. He also sits as a principal member of the Life Safety Code® (NFPA 101) Technical Committee on Healthcare Occupancies. Mr. Hood has presented at various conferences and forums, including but not limited to, the National Fire Protection Association's World Safety Conference (NFPA), the Fire Department Instructor's Conference (FDIC) and the annual American Society for Healthcare Engineering Conference (ASHE). He also has fire service experience at the Company Officer level in both Prince George County, Maryland and Monroe County, New York. Mr. Hood has a degree in Fire Protection Engineering from the University of Maryland and is a member of the NFPA, the Society of Fire Protection Engineers (SFPE), The American Society for Healthcare Engineering (ASHE) and The American Health Care Association (AHCA).

Jessi Jeffries, LEED AP BD+C, EMIT, CDT

Jessi Jeffries is a project manager at TME. She is a graduate of the University of Arkansas at Little Rock with a Bachelor of Science in Construction Management, and a graduate of the University of Iowa with a Bachelor of Fine Arts in Drawing and Design. She is a LEED® Accredited Professional specializing in Building Design and Construction, Energy Manager in Training (EMIT), a Certified Construction Documents Technologist (CDT) and an Associate Constructor (AC). She is also a member of the U.S. Green Building Council (USGBC) and the International Construction Honor Society, Sigma Lambda Chi.

Gerry Kaiser, LEED AP

Gerry Kaiser is the director of facilities resource group at Ascension Health. He is responsible for infrastructure and engineering for Ascension Health and has over 30 years of experience in design and construction. He is a graduate of the University of Dayton with a bachelor's degree in civil engineering and he is LEED AP.

Mark Kenneday, MBA

Mark Kenneday is vice chancellor for campus operations at the University of Arkansas for Medical Sciences and served as the 2013 president of the American Society for Healthcare Engineering (ASHE) of the American Hospital Association. Mr. Kenneday has a bachelor's degree from the University of Houston in construction management and an MBA from the University of Houston with a concentration in service marketing. With more than 27 years of experience in health care facilities management, he has served on various committees and in leadership roles for ASHE, AAHE, and TAHFM. Mr. Kenneday is also one of the authors of the *Health Facility Commissioning Guidelines* and the *Health Facility Commissioning Handbook* published by ASHE.

Kim Koch, PE, LEED AP, HFDP

Kim Koch is a vice president at TME, LLC. She is a graduate of the University of Arkansas with a Bachelor of Science in Mechanical Engineering. She is a Registered Professional Engineer (PE), and LEED® Accredited Professional (LEED® AP), and an ASHRAE Certified Healthcare Facility Design Professional (HFDP) with more than 14 years of industry experience. She has served in leadership roles in multiple industry and volunteer organizations including Project Lead the Way, American Society of Heating Refrigeration and Air Conditioning Engineers, UALR College of Science Board of Advisors and the Arkansas STEM Coalition.

Eileen Malone, RN, MSN, MS, EDAC

Eileen Malone is the senior partner for Mercury Healthcare Consulting, LLC located in Alexandria, Virginia, who supports clients embracing evidence-based design in health facility projects as a means to improve health care outcomes. With 40 years in health care, Ms. Malone retired from the United States Army having held a variety of key leadership positions including hospital commander (CEO), Army Medical Department CIO, Congressional Affairs Officer and many nurse practitioner assignments. She holds graduate degrees from Duke University and the National Defense University, and she is Evidence-based Design Accredited and Certified. In addition to numerous military awards, Ms. Malone received The Center for Health Design's *Changemaker Award* in 2009 and the *Leadership Award* from the Health Information and Management Systems Society in 2004. She is the past co-chair for the Center's Research Coalition, as well as a past member of the Facility Guideline Institute's board and Health Guidelines Revision Committee.

Peter Martin

After several years of progressive health care facilities, real estate and construction management experience, Peter Martin joined Gosselin Associates in January 2014 as a partner. Previously he served as senior project manager and then director of capital projects at Steward Health Care in Boston. There he managed internal project managers and external consultants to complete capital construction projects across the Steward Health Care System. On a daily basis, he worked closely with Steward's 10 hospitals and corporate facility directors to ensure that policies and practices complied with regulatory agencies, including The Joint Commission and Massachusetts Department of Public Health. He was a key member of the corporate real estate and facilities team as the organization transitioned from a not-for-profit Catholic Health System to a for-profit system owned by a New York Venture Capital firm. Prior to joining Steward, Mr. Martin was responsible for day-to-day project management of best-in-class \$500M Continuing Care Community. The project included a 270,000 square foot health center for short-term rehabilitative care, an outpatient and dental clinic, a 48-bed memory support unit and 256 detached independent living units. Mr. Martin has been published in various publications covering IT. He holds a bachelor's degree from Marquette University and a master's degree from Emerson College.

Susan McLaughlin, MBA, FASHE, CHFM, CHSP, MT(ASCP)SC

Susan McLaughlin is the chief operating officer and managing director of MSL Healthcare Partners. She has 14 years of national consulting experience in the environment of care, emergency management and life safety. She is a Fellow of the American Society for Healthcare Engineering (ASHE) of the American Hospital Association and a member of the ASHE board of directors. She is a nationally-known speaker in the field of health care safety, regulatory compliance and emergency management, and she has authored numerous articles and books on related topics. Previous positions include director of safety and compliance for ASHE; and associate director, standards interpretation, environment of care standards for The Joint Commission, where she served as team leader of the standards interpretation group. She also served as director of safety for Northwest Community Healthcare, Arlington Heights, Illinois, which included a 400-bed acute care hospital, a sub-acute nursing facility, outpatient surgery center, three urgent care centers and five medical office buildings. Ms. McLaughlin is a Certified Health Care Safety Professional (CHSP), and a Certified Safety Manager by the American Society of Safety Engineers. She is a medical technologist, registered with the American Society of Clinical Pathologists (ASCP), with a specialty in chemistry. She received her Bachelor of Science in Medical Technology from Northern Illinois University, DeKalb, Illinois. She earned her MBA from Keller Graduate School of Management, Chicago, Illinois.

William "Bill" Morgan, CHFM, FASHE

Bill Morgan joined MSL Healthcare Partners in 2013, and serves as a senior consultant. He has over 30 years of experience in facility management, plant operations, construction management, building management for multiple sites and types of buildings, with strong experience with the environment of care, emergency management, and life safety responsibilities. Prior to MSL, he was facility manager at Saint Alphonsus Regional Medical Center in Boise, Idaho. At Saint Alphonsus he managed facilities, plant operations, grounds and fleet vehicle maintenance for a 2M square foot plus system. Additional experience includes director of facilities at Saint Patrick Hospital in Missoula, Montana, a 200-bed hospital, and as facility manager for Saint Luke's Regional Medical Center in Boise. While work for Saint Alphonsus, he was awarded the Regional Healthcare Energy management award from North West Energy Efficient Alliances' Better Bricks program. Mr. Morgan worked for The Joint Commission for the last five years as a Life Safety Code Surveyor. He has conducted Life Safety tours of health care buildings, conducted the environment of care review sessions, as well as emergency management program reviews in all sizes of facilities. He received an AAS in heating, ventilation, and air conditioning from Boise State University, and a bachelor of applied science degree from Boise State University. He is a long-standing member of the American Society for Healthcare Engineering (ASHE), served on the ASHE Board of Directors and was President of the society in 2006. He is a Fellow in the society, currently serving on the Education Committee. He is an honorary member of the Idaho Society of Healthcare Engineers. While working in health care, he was also active in the U.S. Navy Reserve until retirement serving 10 years in the Construction Battalion (SEA BEE's) and eight years as assistant Navy liaison officer for emergency management to the State of Idaho.

Andy Pahwa, EI

Andy Pahwa is a principal and project manager at TME, LLC. He is a graduate of Pennsylvania State University with a bachelor's degree in architectural engineering. He is a Registered Engineer Intern (EI), a member of the American Society of Heating, Refrigeration and Air-Conditioning Engineers (ASHRAE) and a member of the Association of Energy Engineers (AEE). Mr. Pahwa specializes in facility management benchmarking and has experience in retro-commissioning multiple types of facilities, including health care and higher education.

Faculty

Terry Scott, MBA, SASHE, CHFM, CHSP

Terry Scott has held leadership positions in hospitals for the past 30 years. He is currently the system director of facilities and Construction for Memorial Hermann Southwest Hospital and Memorial Hermann Northwest Hospital in Houston, Texas. Mr. Scott has an MBA from Texas Women's University and a bachelor's degree from the University of Houston. He is a Certified Healthcare Facilities Manager (CHFM) and a Certified Healthcare Safety Professional (CHSP). He has served on the ASHE board of directors and is a past president and current board member of TAFHM. Mr. Scott is also a founding board member and past President of the Houston Area Association of Healthcare Engineers (HAAHE). He is the current chair of the ASHE Chapter Relations Committee and previously served on the ASHE Planning, Design and Construction Committee. He was the recipient of the ASHE Emerging Regional Leader Award in 2007. Mr. Scott has conducted presentations on a variety of facility management topics at the state and national level. He was named Director of the Year at Memorial Southwest Hospital in 2008 and Director of the Quarter in 2012. He is also a graduate of the Disney Institute's Healthcare Customer Service Program. He was recently elected the 2015 ASHE president.

Ellen Taylor, AIA, MBA, EDAC

Ellen Taylor has been an architect for more than 25 years. She oversees the research initiatives at The Center for Health Design and is a member of the Health Guidelines Revisions Committee Steering Committee. She has been influential in garnering consensus within complex matrix organizations using cross-departmental and interdisciplinary team representation that considers facility design in the larger whole of decision-making at a corporate strategy level. Her current role and interest in developing quantifiable design strategies, combined with her background in architecture and business, as both a consultant and an owner, provides a unique perspective in creating a successful approach to the design of health care facilities.

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