

ISHE ISSUES

Publication by and for the
Healthcare Engineering Industry

Q2 2005

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Sector Notebook Project
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*Featured Contributors
and Sponsors*



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Wanted: Articles

Wanted: Articles If you would like to contribute an article and photos to the next issue of ISHE Insights, please contact Steve Thurston at sthurston@indy.rr.com. Materials would be due by August 16.

ISHÉ ISSUES

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DESIGN AND PRODUCTION

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About ISHE ISSUES

ISHE ISSUES is a quarterly publication by and for the Healthcare Engineering Industry.

Our goal is to promote communication between members and to facilitate the exchange of information for the betterment of our Society and of our Members.

ISHEweb.org's goal is to promote communication between members and to facilitate the exchange of information to those interested in becoming a member. You also have access to an electronic copy of ISHE ISSUES, our quarterly newsletter, as well as an updated Calendar of Events. For more information, log on to isheweb.org.

Opinions expressed in articles are those of the authors, not necessarily those of the Advisory Board of membership.

Credo

The members of ISHE continually strive to live up to motto, "Quality Healthcare Through Engineering Excellence."

That quality and excellence is best achieved in an environment of teamwork and cooperation between the professionals entrusted with attaining the overall goals of healthcare organizations and of the individual institutions that we serve.

That a continuing program of skills enhancement is important, and participation of individuals working together will improve the standards and performance of all in the group.

That the application of advancements in our field, coupled with conscientious attention to the costs of operation is necessary to achieve maximum efficiency in the carrying out of our duties.

That we have responsibility to the public to provide safe and dependable institutions dedicated to the highest ideals of patient care, and to foster this image in community relations.

That the collective interchange of knowledge and experience, couple with the individual integrity of the membership, will make ISHE an effective means of advancing its members in their profession.

Mission Statement

The mission of the Indiana Society for Healthcare Engineering is to promote the professional role of the healthcare engineering professional and advance the development of health care engineering through effective communication, educational opportunities and establishment of professional standards.

Pepper Indiana Completes Central Indiana's First Specialty Hospital to Focus on Complete Orthopaedic Care



On March 1, 2005, OrthoIndy opened the new Indiana Orthopaedic Hospital, central Indiana's first and only orthopaedic specialty hospital located at I-465 and West 86th Street. Spanning 130,000 square feet, the hospital represents a \$50 million commitment to the city of Indianapolis, its residents and to the patients who will receive care at this state-of-the-art facility.

"The Indiana Orthopaedic Hospital is the result of dedication, teamwork and vision," said George K. Kellum, CEO for OrthoIndy. "Our physicians conceptualized a place in central Indiana for their patients to receive outstanding care and they worked with reputable, Indianapolis-based organizations to make their dream become a reality."



The Indiana Orthopaedic Hospital was built when OrthoIndy physicians saw an increasing need to deliver specialized orthopaedic care in a patient-focused environment. Approximately 60 physicians from central Indiana will practice at the hospital that will focus on complex surgical procedures, including total joint replacements and spinal cases. Amenities include 10 spacious and technologically advanced operating suites, 37 patient rooms, 39 pre and post-operative rooms, 16 post-anesthesia care unit (PACU) rooms, an imaging center with digital radiography, Magnetic Resonance Imaging (MRI), and CatScan (CT) availability, in and outpatient therapy services, a pharmacy and cafeteria. Additionally, each patient room features a workspace

area for guests and is equipped with the getwell:)network™ which provides patients with an Internet connection, satellite television and access to patient educational materials.

Planning for the Indiana Orthopaedic Hospital began in July 2003. During the 20-month planning and development phase, OrthoIndy worked with Health Evolutions who served as healthcare consultants, BSA LifeStructures who designed the facility, Bremner and Wiley who provided project management expertise and Pepper Construction who oversaw the construction process from concept to completion.

John Martin will serve as the hospital's CEO. "We're looking forward to becoming an active part of the central Indiana community," Martin said. "Like OrthoIndy, the mission of the Indiana Orthopaedic Hospital will be to provide the best musculoskeletal care possible and the physicians and employees are excited to continue in this long standing tradition by providing superior surgical care in a facility that is second to none."

The opening of Indiana Orthopaedic Hospital will result in the creation of 120 local jobs that will be added to OrthoIndy's established workforce of more than 550 full and part-time employees.

About Indiana Orthopaedic Hospital - Headquartered in Indianapolis, Ind., the Indiana Orthopaedic Hospital is a physician-owned, specialty, surgical hospital focusing on complete musculoskeletal care in an environment that is patient focused and like-home. Studies commissioned by the American Surgical



Hospital Association indicate that this type of an atmosphere contributes to improved patient outcomes. The Indiana Orthopaedic Hospital's unique relationship with OrthoIndy enables patients to receive coordinated post-operative appointments, consistent communication with primary care physicians and referrals to a state-of-the-art physical therapy center. The Indiana Orthopaedic Hospital is licensed by the Indiana State Department of Health and certified to participate in the Federal Government's Medicare program. For further information on the Indiana Orthopaedic Hospital, call (317) 956-1010 or visit, www.indianaorthopaedichospital.com.



About OrthoIndy - Founded over 40 years ago, OrthoIndy is one of the most highly respected orthopaedic practices in the Midwest. With over 60 physicians providing care to central Ind. residents at twelve locations, OrthoIndy provides leading edge general and sub-specialty orthopaedic care. OrthoIndy physicians also provide care for the Indiana Pacers, Indiana Fever, Indiana Ice, Indianapolis Indians and serve as consultants to the IRL and Champ car circuits. For more information on OrthoIndy, call (317) 802-2000 or visit www.orthoindy.com.

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ASHE: Your Comments Count

On behalf of the American Society for Healthcare Engineering (ASHE) of the American Hospital Association (AHA), thank you for providing comments to the National Fire Protection Association (NFPA) regarding their proposal to increase the frequency of fire and smoke dampers testing. Your comments, and those of your peers, led to a stunning reversal of this proposal that had originally been accepted by a vote of 20-2. Your response to the ASHE Call to Action forced the NFPA Technical Committee to re-examine their original position and led to the defeat of this proposal that would have increased damper testing from once every four years to annual testing.

In rendering this decision the committee stated: “The committee appreciates the damper reliability data gathered by the healthcare industry during the comment period.” and “Data provided by the healthcare industry indicated the reliability of dampers when properly installed.” NFPA identified four reasons for rejecting the proposal (these reasons were consistently identified in the comments):

- No data was provided by the submitter of the proposal substantiating the need for increased frequency of testing;
- Low failure rate of dampers during testing, particularly during subsequent testing cycles. Most hospitals reported a 2-3% failure rate on the second or third cycle (often improper installation was identified as the reason for failure during initial testing);
- The testing process raises dust and may cause increased risk of infection to susceptible patients;
- The increased cost is prohibitive given the small failure rate.

Based on the information received from the 753 commenters, the average cost of damper testing is \$156,000 per hospital per testing cycle. If the NFPA proposal had been adopted, the cost of testing would have quadrupled to a staggering sum of \$624,000 over that same period.

In addition to reversing their earlier decision, the technical committee approved further revisions to the Standard for the Installation for Air Conditioning and Ventilating Systems (NFPA 90A) allowing the testing interval to be extended to once every six years provided the proper operation of the damper is verified at initial installation and following any construction, renovation, or repairs in the area directly around the damper.

As a next step, the revised code will be debated at the NFPA World Safety Conference from June 6-10, 2005 in Las Vegas, NV. The NFPA Standards Council then provides final approval of all code revisions. If this proposed move is approved the total cost avoidance to US hospitals (cost of annual testing versus cost of testing once every six years) is \$1.494 billion per test cycle. Your comments helped make this possible.

Your ASHE membership and your voice did make a difference. Please accept our thanks and congratulations on a job well-done! I will look forward to seeing you in Anaheim at the 2005 ASHE Annual Conference. It will be a busy time, but stop and introduce yourself, especially if we haven't met in the past. Also, make sure you get a chance to thank Dale Woodin for his tremendous effort in pulling this project together.



W. Thomas Schipper, FASHE, CCE
ASHE President - 2005



Character Counts – What Makes For Good Facilities Staff?



As a hospital CEO who recruited a number of physicians to the hospital over the years, I was often asked, ‘What do you look for in a doctor? What are the attributes and qualities that cause you to want to recruit a particular doctor over another?’

In reflection, the answer is always the same.

The degree of training and experience is a given, as well as the easiest to determine and evaluate. It is the intangibles, values, and overall character of a person, however that are the most important and also the most difficult to evaluate. To me, they are also the greatest predictors of success.

In the foregoing we could easily substitute plant engineer or director of facilities for the word doctor and arrive at the same conclusion.

What then are those sought after characteristics that separate one person from another and makes one a more desirable associate than another?

To determine that, one tool that I have found that is most helpful and essential in the evaluation of any person is their personal mission and core values statement. If you do not have one I would suggest you give serious consideration to developing one. Going through the development of a personal mission

statement and putting down on paper what you believe to be your core values would be a worthwhile exercise. It will force you to seriously look at yourself, your outlook on life, and the belief system which makes you the person you are.

So what is a personal mission statement? It is a written expression of your goals and objectives...what you want to achieve in your personal and professional life. Core values are those things that you believe in most strongly and that influence and guide your behavior and shape your character. The exercise takes considerable thought and reflection as well as an honest appraisal of yourself. The result can be a useful tool for saying this is who I am and what I believe. It is also a roadmap for daily living.

What then are those values I looked for in recruitment for those I wanted to be a part of my hospital team? What were those factors that I felt were important in the decision making process? To name some of the more important would include integrity, trustworthiness, patience, self-assuredness, kindness, gentleness, self-control, and humility.

Integrity is the degree of honesty with which you view yourself and how you deal with those with whom you come in contact... in other words your basic moral fiber. In the workplace you can always accept the person’s word without reservation. There are no omissions of fact, misrepresentations, or contrived situations to distort the truth. The old adage that you are only as good as

your word is true and to me the “gold standard.” As a CEO, you are always interested in the truth...from budget preparation to the condition of your facility. There are no “hidden agendas” or surprises.

Trustworthiness is somewhat an extension of integrity. Another word that could be used is dependability. No matter what the situation you can have peace of mind knowing that you can rely totally on the person to take the correct course of action.

You have heard it said that “patience is a virtue.” Often times group dynamics can try your patience. How you handle these situations is a matter of your maturity as demonstrated by the patience you exhibit. How many times have you stuck your ‘foot in your mouth’ when patience and restraint would have been the prudent course of action? Or how about the patience it takes to nurture and develop a subordinate as he/she learns new responsibilities? Can you remember when you were at that point in your career?

Self-assuredness is confidence in knowing what you can do and then doing it well. But it is also having the confidence and interest in helping others grow and develop in their own right. I can assure you that you will never ascend to upper management, if that is your goal, at the expense of others. Ultimately it catches up with you. Self-assuredness is being confident that you can assist the co-worker to achieve his or her highest level of capability...even if it means moving ahead of you in the organization.

Kindness and gentleness are somewhat related, but yet subtly different. Whether it is in encouraging that employee or how you handle a disgruntled patient or visitor, the manner in which you do so is of utmost importance. The facilities manager is more often than not the “out front” person when it comes to putting a face on the facility. What CEO would not want a kind and gentle representative?

Whether it is control of the tongue or physical body, the discipline of self control is a character trait of extreme importance. The number of times a person gets himself in trouble with his mouth is a reflection of his ability to control his behavior.

To me one of the most important characteristics of a person is the degree to which they practice humility. Of course it takes

perseverance, determination and hard work to achieve whatever your goal in life may be. But it also takes the recognition that no one achieves any degree of success by him or herself. Somewhere along the way someone else may have said the right word on your behalf or was instrumental in creating an opportunity that benefited you. One needs to understand and appreciate that all employees and relationships are equal...circumstance and opportunity make the difference in our occupational success, but people are the same. Don't let your achievements go to your head. Accept them with humility. Too many of today's values seem to be ‘about me.’ Those who have bought into a “me society” do not, in my opinion, make for good staff.

How then did I determine whether or not that doctor, biomedical engineer, housekeeper, or director of facilities met my core value expectations?



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First I validated the training and experience as being commensurate with those I was seeking. That was simple enough.

For the more important attributes, I looked at relationships. I talked to those with whom the person spent their waking hours...co-workers and subordinates. I went way down the line.

I discovered the kind of social endeavors in which the person was or had been involved. What were their social interactions? What kind of little league coach was he/she...were they argumentative and a "hot head" or did they demonstrate self control? Was there any degree of public service? What was the level and degree of involvement? I defined their relationship and interaction with others.

I also interviewed those with whom the person had business relationships. I wanted to know if they were treated courteously and with respect. I learned at an early age that some sales representatives made my job a lot easier. For those whose goods and services were not of need, it was incumbent that they be treated

with courtesy and respect. If they were not invited back, I told them so professionally.

There certainly are other attributes that are important, but I would submit that if you can determine the basic character of the individual you will validate for yourself the kind of associate you are seeking.

Are you where you want to be in your organization? If not, review your personal mission and core values statement. It is here that you may find the foundation for success.



Bud Swisher was the CEO at Kendrick Memorial Hospital in Mooresville, IN from 1979-2000. During his tenure Bud oversaw five major building projects and developed a nationally acclaimed total joint replacement program. He is currently semi-retired and lives in Mooresville. Bud is still active in many community and national organizations and works for Performance Services in business development.

Sector Notebook Project

The EPA recently released a "Profile of the Healthcare Industry - Including Hospitals, Physicians Offices, Dental Offices, Nursing Homes, etc."

Printed copies of this document are available free of charge from EPA's document warehouse, the National Service Center for Environmental Publications. Be sure to search by the EXACT title or EPA publication number. In addition, you can order a set of Notebooks, which profiles numerous industries and government operations, see Obtaining Copies for more information. Once documents are out of stock they will not appear in the data system and cannot be back ordered.

For details about the Sector Notebook Project and a complete list of all the industries and governments profiles, visit the Sector Notebook Web page.

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The Safety Corner

Traditional Training

Rather than starting off with technical capabilities, or links to websites, we need to look to the past. Traditional training methods have helped hold companies together and help create today's workplaces. The methods that are used today have been refined over centuries, if not thousands of years, of the employer/employee relationship. Scholars and professionals have studied, analyzed, and refined training techniques into efficient tools for training the workforce. No reason to start over with something new. The problem is putting traditional training solutions into the digital age. There are significant advantages to digital media, but there are also limitations that need to be discussed.

Not so Fast...

Training is often the first choice to correct problems in the workplace. Have a new policy? Have a new process to implement? Managers and executives often prescribe training for their employees as the cure for all problems. It is important to consider that training may not be the solution for issues that are occurring. Do your homework and check equipment, environmental, and management issues before spending time and energy trying to train out problems. You may need training to correct the issue, but you will have gathered more information that will enhance the training process. Perhaps it is better to install machine guards around moving machinery, belts, and chains than it is to train employees how to stick their hands in the machines without injury. Seems simple but this principle is often overlooked.

Effective Web Based Training Techniques

Assess the Need for Training

Once you have determined that training is the solution for your particular problem you need to gather information. This can be as simple as a "Who, What, Where, When, Why, and How" about your training issue. Be certain that you know the entire extent of the problem and do not rush. Take the time to research the issue and see what your peers and competition are doing. Implement the best practices. There is much to be learned from others failures and successes.

Consider developing a list of your objectives:

Example:

- 1.) Personnel need to demonstrate knowledge of the emergency evacuation plan
- 2.) Personnel need to know designated evacuation routes
- 3.) Designated personnel need to turn off non-critical equipment.

As a trainer, it is critical that delivery method be determined only after your objectives have been clearly defined.

Training Delivery

Traditional training methods work well. This typically involves an instructor led course in a classroom setting. It can however be as simple as newsletters distributed on bulletin boards. Whatever the delivery method, it must meet the needs that have been defined for the training. Does the desired training involve hands on techniques or is it more informative in nature? These questions will point you in the right direction.

Web Based Training (WBT) is a method of delivering training content via the World Wide Web. There are advantages to this delivery. Let us consider traditional training and how it works. First the trainer must develop the training, then schedule and secure the resources to conduct the training – attendee roster, classroom, equipment, etc. Employees attending the training must take time from their normal duties to attend the training, which means down time. This may involve extensive travel time to get to the training classroom. Imagine 30 employees traveling 30 minutes, this equates to 15 hours of lost productivity in addition to the time spent by the trainer. The advantage WBT brings is the training content can be delivered to any employee who has access to a computer and an Internet connection. WBT eliminates the time spent traveling and securing resources for training. Employees can take training at their pace during a time that will least affect the flow of normal business.

Sounding good? Well, as with many things in business and technology there are limitations. Training that requires hands-on skills is not a good fit for WBT; you would be better using an instructor led course with the needed equipment. However, for other training WBT is an excellent fit. Safety training and human resources training, such as ladder safety and sexual harassment, can be taught with a hands-off approach. Employees need merely know the company policies and best practices. Training topics that are short in duration and lend to easy assimilation by the attendee are an ideal fit for WBT.

Effective Web Based Training

So what should you look for? The place to start is to research companies that provide WBT services and understand the full package they offer. Most WBT providers offer free demonstration courses that will give you a good feel for the quality of the training.

Web Based Training is limited by the technologies of the web. The training may be as simple as text the trainee reads or very complex offering interactive presentations with audio and video. Some Internet companies offer live training sessions led by instructors, and as with most things you get what you pay for. The reasons for the differences are simple, currently only around 50% of homes and businesses have

broadband Internet access, thereby effectively limiting the content delivery that is available. Dialup users will need to stick with text-based training. Broadband users should utilize the more complex interactive audio and video training; in this case more is better.

WBT should also come with management tools. This can be helpful in tracking the training that has been completed by storing and showing scores for individuals. If a regulatory agency comes knocking on the door, it should enable you to have instant access to your training records.

Also consider the content of the training. Most likely the training will be a generic training module developed for a wide variety of businesses. Some companies will have the ability to develop custom content specific for the policies and procedures developed for your employees, however, you should expect to pay a premium for this service. Depending on the needs of your company, customized content may be money well spent!

For larger organizations it may be possible to develop an internal WBT system. If your company has an Information Technology (IT) department it would be worthwhile to have a meeting to see what is available internally. The IT folks will be crucial regardless of who provides the WBT. Having the internal IT personnel develop the training system will ensure that the specific needs of the company are met, and provide a method for future improvement. If you decide to go with an external vendor you may be limited by the content and capabilities of the provider. At the same time, this option might offer you the efficiency you need in developing and delivering the training.

Regulatory organizations often have standards that apply to the quality of training that must be met. In the safety world the Occupational Safety and Health Administration (OSHA) is the key regulatory agency. OSHA has a letter of interpretation that allows WBT to be acceptable provided certain conditions are met. The training must be interactive and provide a way for the trainee to ask questions. The training must be verified through a post-training quiz or test. The ability to print a certificate of completion is needed. Finally, the training records must be maintained. Be sure that the training offered through Internet companies will

meet the compliance standards that apply for regulatory agencies in your business.

Companies who benefit the most from WBT training have several factors in common. Employees may be scattered across a geographically wide area and interact with a central office only sporadically. These employees are often field technicians and professionals who need minimal supervision to complete their work. The companies are often small to mid-size with no human resources person or trainers available for consistent instructor led training. WBT for these companies is an ideal solution for their training needs.



Conclusion

I certainly recommend that you look at Web Based Training, as a solution for your training needs. It offers flexibility beyond traditional training methods and may be a perfect fit. Search the Internet and find a company who will offer you a free training demonstration to get your feet wet. Do not rush into this type of training without doing your homework. Considering that the majority of content for WBT is generic and designed for a wide variety of businesses, the limited content of WBT ensures traditional training methods will not disappear anytime soon. Compared to traditional training, WBT is less expensive on a per person basis, allows for minimal impact upon normal business flow, and provides convenient documentation of training. The decision to move to WBT should be treated as any business decision, weigh the pros and cons and make a decision that is best for your needs.

You should *proceed with caution* and ensure that your training goals are met with WBT.

Thinking Solutions,

Chris Archer
Safety Training Advisor
Safety Management Group

If you would like to learn more about WBT solutions and receive a free WBT Training Demonstration, please log on to our website, www.smgtraining.com and click on the “I read your ISHE article link”. For additional information, please feel free to contact Chris at 317-538-4552.

**Keep an eye out for ISHE
 E-Issues the second
 Wednesday of each month!**

ISHE E-ISSUES
 E-Issues are the second Wednesday of each month.

Time Change for the Golf Outing
 The time for the golf outing has changed from Thursday, May 11 at 10:00am to Wednesday, May 10 at 11:00am. The new date is 11:00am with a 9:00am check-in. The new date is 11:00am with a 9:00am check-in. The new date is 11:00am with a 9:00am check-in.

Mark your Calendar for other Upcoming Events

Event	Date	Time
Annual Meeting	October 20-21	8:00am - 5:00pm
Indiana District Meeting	November 20	8:00am - 5:00pm
Indiana District Meeting	December 20	8:00am - 5:00pm
Indiana District Meeting	January 21	8:00am - 5:00pm
Indiana District Meeting	February 21	8:00am - 5:00pm
Indiana District Meeting	March 21	8:00am - 5:00pm
Indiana District Meeting	April 21	8:00am - 5:00pm
Indiana District Meeting	May 21	8:00am - 5:00pm
Indiana District Meeting	June 21	8:00am - 5:00pm
Indiana District Meeting	July 21	8:00am - 5:00pm
Indiana District Meeting	August 21	8:00am - 5:00pm
Indiana District Meeting	September 21	8:00am - 5:00pm

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- ISHE Issues Magazine*: Half-page B&W ad. Price: \$565/issue
- ISHE Issues Magazine*: Quarter-page B&W ad. Price: \$290/issue
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MICCS's Plans For The Future- The Chairman's Award Banquet Comments



The Metro Indianapolis Coalition for Construction Safety, Inc. (MICCS) is a nonprofit organization dedicated to achieving zero injury on construction job sites.

MICCS members include construction companies, users of construction services ("owners"), design professionals and construction-affiliated organizations and companies.

On 28 April 2005 MICCS held its 12th Anniversary Banquet and Awards Ceremony at the Indianapolis Marriott Downtown. Chairman of the MICCS Board of Directors and Facilities Manager for Great Lakes Chemical, Marc Hallett provided the keynote address. The following are his remarks from the evening.

I am very humbled to stand before such a large audience of prominent construction and business leaders. Especially since it is my honor to be the first chairman of this organization who's office and most of whose work efforts do not occur in Indianapolis, but rather in the greater Lafayette area. I truly hope these circumstances allow me to bring a fresh perspective to both my service as chairman of the board and in my remarks this evening.

First, you should know that the major reason that I became involved in the Metro Indianapolis Coalition for Construction Safety, even though Great Lakes – and a good number of our

recent new members – hail from the Lafayette area, is that I wanted to help make Great Lakes a better and safer place to work for its employees and its contractors. Quite simply, when I learned about MICCS and its mission, the accomplishment of zero injury, I realized that Great Lakes was not engaged in any safety prequalification of its contractors and that other parts of its safety program were not developed with the contractor in mind. At the time, Great Lake's, like many other owners in Lafayette– and I would reasonably assume in other areas of the state – were all in the same position. Now though, we have revamped our contractor safety program and are using MICCS contractors. The results from these changes are really quite dramatic: today I can say that our contractors need much less management by me and my staff and that they are more attune to safe work practices, and, as we have all realized over the last several years, a contractor who plans, organizes and effectively implements a sound safety program is also a contractor who is much more likely to do everything else better.

In a nutshell, because they have been safety pre-qualified, our contractors require less of our oversight and the end result is better than it was before we used pre-qualification.....and most important, our safety record has improved too.

Ladies and gentlemen, while metro Indianapolis has come so far in the twelve years of MICCS, Great Lakes is just one example

of why an essential element of the long range plan of MICCS is of such vital importance - MICCS has recognized a truth that we have embraced in Lafayette – it is that the owner must lead the way in safety and when they do, job sites become safer and more productive.

That is why tonight I choose to highlight the importance of MICCS - and the importance of MICCS reaching out to other owner members - to get them to join MICCS and to begin to implement MICCS programs, one at a time and as they can, at their own pace.

While we want to grow our ranks, we shouldn't be content merely with getting more owners to join MICCS - we must press further. I know that there are many owner members – and Great Lakes Chemical is one example – who have a ways to go before they become as deeply involved in implementing MICCS programs as entirely and completely as they should be. So MICCS's long range plan calls on each of us to reach out to our current owner members and assist and encourage them in completely implementing MICCS programs.

One very important program that some day very soon I hope every MICCS owner member subscribes to and implements, requires every contractor employee that is permitted on their site to produce a valid MICCS card before they go to work – I'm speaking of the MICCS substance abuse program. Keep in mind that every organization that has been granted reciprocity by MICCS has also been granted the authority to issue cards which, when they have the MICCS logo, *are* MICCS cards. I hope that this time next year, I am able to provide you with an update on our progress in this area. I invite each of you – whether you are contractor or owner or designer – to help us help each other in tackling this important goal. This program alone, reaches more contractor workers than any other program that MICCS employs.

Besides being good business, making our job sites safer is a moral issue: we must spread that message to as many owners as possible.

And speaking of reaching out to owners, I want to share another objective. Ladies and gentlemen, there is no doubt in my mind nor should there be in yours that the leadership, foresight and actions taken by leading private owners – and I would name Eli Lilly and company and Clarian Health Partners as two

obvious and great examples – have done so much toward the accomplishment of MICCS's mission and the accomplishment of our goals. I know, and so do you, that through their leadership and commitment, everything about MICCS has become bigger and better.... From the hundreds that attend this banquet, to the hundreds that attend our membership meetings to the hundreds of companies that have joined MICCS.

But we must do better.

The Lafayette area is one example of an economic hub in Indiana that is currently dominated by construction spending which is controlled not by private dollars, but by public dollars and I'm certain it is not alone. Tonight I bring a different perspective but one I'm certain is shared by many others – a perspective which I hope will be helpful to MICCS.

We have accomplished so much in the private sector and need to continue our work with resolve, but it is time now to bring that same energy and enthusiasm for MICCS to the public sector. It makes no sense to us in the private sector nor would it make sense to the public that a worker today is far more protected when he or she works on many private job sites than when they are working on many public job sites. This of course is not a reflection on our colleagues who oversee construction on public job sites – it is not - they rightfully believe that current rules and regulations prevent them from using MICCS arsenal of weapons. The same weapons that MICCS has developed and employed in the private sector and the same weapons that should be able to be used just the same in the public sector.

MICCS must do everything that it can to help our colleagues in the public sector join us toward making every reasonable effort to accomplish the mission of making sure that every worker has every right to expect that at the end of the day, they can return home in the same condition that they left for work that morning, regardless of whether that job site is in the private sector or public sector.

So, it is my goal, and that of the board of directors, to begin to spend more of our energies and resources helping our current owners more fully implement MICCS programs; to encourage more private companies to join MICCS and implement its programs; and to realize that our job is not finished until we can

help our colleagues in the public sector break down barriers, barriers that prevent or may impair their ability to implement contractor safety pre-qualification and other valuable MICCS programs, so they too can join us in this important work.

Of course, my comments would not be complete tonight without addressing the MICCS certification program: the only one of its kind in the world, and a program whose development and implementation required a great deal of resources, not only on the part of MICCS, but also on the part of the hundreds of contractors who have participated in the program.

I am very proud to say that earlier this year, the auditing component of the program was launched. Before this year, we all know that it was possible for a contractor in the system to say that they were practicing world class safety programs, and if they were able to verify that the various objective measurements of success were high enough, they could become certified on those points alone. Today however, with the audit process fully in place, a contractor must not only talk the talk, but they must walk the walk and prove without question that they are doing so.

While this process has been painful to many, it has without question increased the credibility of this important program. As a result, the value of being called a certified contractor has increased dramatically.

Of course, merely participating in the program is an achievement: not all contractors can successfully face the myriad of challenges imposed by the certification program and become certified. As designed, this program, for those who are hiring contractors, provides necessary and substantial information as to whether a participating contractor has the programs and systems in place that are needed for their particular type of work. My point is, those contractors who participate in the program and who are not certified should be proud. They are working in a system that helps insure the safety of the construction workforce and toward that end, I am pleased to announce that I and the MICCS board of directors are in the process of considering a means by which contractors who do not rise to the level of certification can nonetheless be recognized for demonstrating their desire to improve their safety program and for their own outstanding efforts in protecting the safety of their workers.

It should be clear to all of us that much remains for the mission of MICCS to be accomplished. I have tried tonight to give you insight into the direction of MICCS and to address some of the same issues and concerns that may be on your minds. I hope that in the coming year more of you will become involved in MICCS, on our various board and committees.

It is through an industry united in MICCS that we have proven that much can be accomplished and armed with that knowledge, we can more fully and confidently embrace what work lies ahead.

Any volunteer organization depends upon the willingness of many people to contribute their time and resources toward the common good and we have many such volunteers and important guests among us tonight. Although I know many of you are shy, I would really appreciate your cooperation in this: if you are a member of any of the councils or committees that I name, I would really appreciate it if you would stand to be recognized.

That would not only help us thank you, but would also show our many guests just how many people make the important work of MICCS possible.

I would first like to mention:

- The Awards Committee and its Co-chairmen, John Morand and Jim Brown.
- The Substance Abuse Oversight Committee and its Chairman, Rex Phillips.
- The Administrative Subcommittee of the Substance Abuse Oversight Committee and its Chairman, Donna Cale.
- The Safety Directors Steering Committee and Council and its Chairman, Russ Bartholmew.
- The members of the Owners Council Representing the Owner Companies of MICCS.
- The Program Committee and its Chairman, Steve Hodgson.
- The Development Committee and its Chairman, Kent Burget.
- The Certification Committee and its Chairman, Paul Lee.
- The Greater Lafayette Board of Directors and its Chairman, Bill Forney.
- The Greater Lafayette Education Committee and its Chairman, Mark Andrews.

- The Long Range Planning Committee and its Chairman, Mark Badgley.
- The Vice Chairman of the Board of Directors, David Ford, its Secretary, Sam Mishelow, its Treasurer, Mike Martin, its Past Chairman Mark Owens and finally the members of the MICCS Board of Directors.

Ladies and gentlemen, it is these people and our dues paying members who have led MICCS during the past year.

Now, it's a great pleasure for me to recognize the immediate Past Chairman-of-the-Board for MICCS, Mr. Mark Owens of Eli Lilly and Company. As everyone knows, it is far easier for an organization to remain static and to not take chances: that is true in our companies and perhaps even more true for a nonprofit organization, since it is not profit driven. That is why I am particularly thankful to Mark Owens. During his tenure with MICCS, the certification program faced its most difficult challenges.....The substance abuse program added over 50,000 workers through our reciprocity agreements and membership in MICCS experienced growth unmatched except in our very first two years.

MICCS owes a heavy debt of gratitude to Mark Owens and I might add also to the likes of Bob Cole, Vice President of Global Engineering, Environmental, Health & Safety who are with us here this evening: Eli Lilly and Company not only spends their hard earned dollars with MICCS, but also provides considerable volunteer hours, like many of you, that could otherwise be spent directly working for Lilly. While I know he may not be prepared for this, I would like to ask Mark Owens to come forward and accept our small token of appreciation for his leadership, his vision, and all his hard work spent on behalf of MICCS and our industry.

Finally, I want to thank each and every one of you here this evening. We truly appreciate your support, without which we would not be where we are today.

Thank you for your attention.

Winners of MICCS's Twelfth 2005 Awards Banquet

Excellence in Safety Award

F.A. Wilhelm Construction Company, Inc.

Safety Leader Awards

General Contractor (Over 300,000 Man Hours)

A. Wilhelm Construction Company, Inc.

General Contractor (Under 300,000 Man Hours)

Brandt Construction, Inc.

Specialty Contractor

Performance Contracting, Inc.

Mechanical Contractor

Shambaugh & Son, L.P.

Electrical Contractor

Indianapolis Electric Company, Inc.

Construction Manager/Developer

Shiel Sexton Company, Inc.

Design Professional

Ter Horst, Lamson & Fisk, Inc.

Owner Company

Elli Lilly and Company

Zero Injury Awards

Snyder & Lehnen Sheet Metal, Inc.

Runnebohm Construction Company, Inc.

M & R Constructors, Inc.

Jones Lang LaSalle/Kite

Mezzetta Construction, Inc.

Glenroy Construction Co., Inc.

Performance Contracting, Inc.

McDougall Pierce Construction, Inc.

Other Awards

Safety Management Group

Smoot Construction

Cummins Emergency Power at Clarian West

Highlights:

- Clarian West emergency system back-up
- (2) 1000kW Cummins Power Generation (paralleled at 4160 volts)
- GW Zenith Switchgear
- 10,000 gallon external fuel tank
- (2) day fuel tanks
- Units load bank tested during system commissioning
- Preventative Maintenance contract
- Engineered by Biagi, Chance, Cummins, London, Titzer, Inc.
- Installed by Ermco Electric

For more information, contact
 Greg Gilmore, Greg Gilmore, VP Power Generation,
 Cummins Mid-States Power, Inc.,
 Phone: 317-240-1969,
 Email: greg.w.gilmore@cummins.com.



Certified Healthcare Facility Manager (CHFM) Examination



A special administration of the Certified Healthcare Facility Manager (CHFM) Examination is being offered by the AHA Certification Center at 1:30 p.m. on Wednesday, November 2, during the Midwest Healthcare Conference. Interested individuals must apply by September 21, 2005. Walk-ins are not allowed to test. Begin by downloading the CHFM Candidate Handbook and Application from www.aha.org/certification (Click on the CHFM logo) or by calling AMP to order a copy. The Handbook includes eligibility requirements, a complete content outline for the Examination, sample test items, an application and instructions for completing the application.

Looking for study materials? Consider ordering the CHFM Self-Assessment Examination. Developed by the AHA Certification Center, the 100-item practice test mirrors the Examination in content, difficulty and cognitive level. For information on how to order, visit www.aha.org/certification.

Piller's "Lunch & Learn" Meeting

Piller recently held a "lunch & learn" format meeting discussing "Generator Options for the Healthcare Industry". A summary of the information presented is found below. If you would like more information, please contact Steve Thurston, V.P. Business Development at C.M. Buck at sthurston@cmbuck.com.

Background:

Piller is the worldwide leader in large rotary critical power systems. Piller offers a wide variety of Chemical Battery and Flywheel based Rotary UPS Systems, Continuous Power engine coupled UPS, Generator Controls, Switchgear, Power system integration and Automation. C.M. Buck is the Piller representative of record.

Piller is a systems provider unlike any other supplier in the world. From single module systems to 30 MVA+ parallel systems, Piller accepts full system integration responsibility from the service entrance switchgear to the load.

Applications include:

- Large Critical Data Centers (Banks, Telecom, Airlines, Military)
- Healthcare Facilities
- Industrial Facilities (Chip Mfg, Pharmaceutical, General Mfg)
- Internet Hosting Sites

Current healthcare applications of Piller UPS protection include:

Cape Coral Hospital
 Carilion Health System
 Dekalb General Hospital
 Elliot Hospital
 Hartford Hospital
 Henry Ford Hospital
 Kaiser Foundation Hospital
 Jackson Memorial Hospital
 McCullough Hyde Hospital
 Memorial Medial Center

See a broader list of Piller installations at http://www.facilitiesroundtable.org/piller_clients.pdf.

Presentation Outline:

Hybrid Rotary UPS - Featuring Piller's "POWERBRIDGE(tm)" Flywheel Based Dynamic Energy Source

I. Introduction:

A. Piller, Inc.

II. Piller "UNIBLOCK(tm)" Hybrid Rotary UPS - Review

III. Piller's "POWERBRIDGE(tm)" Flywheel Based Dynamic Energy Source

A. Design / Features

B. Applications / Operation:

1. UPS with Integral Flywheel
2. MV Option
3. Engine Coupled Flywheel UPS Configuration

IV. Applications of Piller Battery Free UPS in the Healthcare Industry

V. Summary / Questions - Answers

Featured Presenter:

Gary P. Rackow, P.E.

Mr. Rackow's electrical engineering qualifications have served the power quality industry for 27 years. Currently, and for the past 17 years, he is focused on properly applying Piller equipment in mission-critical power applications. His previous work included 10 years with General Electric as a Project Engineer and Application Engineer. Mr. Rackow resides in Atlanta, Georgia.



Midwest Healthcare Engineering Conference

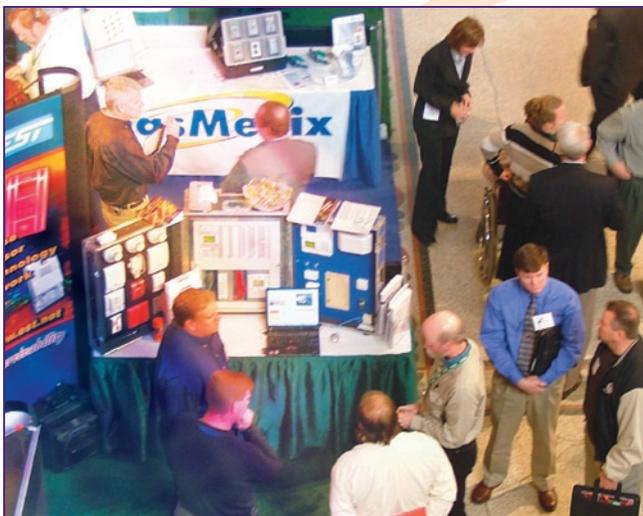
Combining Our Knowledge to Build Our Strengths

Combining Knowledge to Build Strengths is just one way to maintain a fresh perspective and improve your work. Attending the Midwest Healthcare Engineering Conference, will offer you the opportunity to:

- exchange innovative ideas and practical information;
- gain new resources;
- develop processes to help strengthen and transform your career;
- shape your future.



Leaders from across the country will present the most up-to-date information in the industry. Take advantage of this opportunity to combine knowledge and build strengths. Make the decision to attend and discover why this is the most beneficial conference offered in the Midwest. Register today!



Special Activities

CHFM Study Course

The Midwest Healthcare Engineering Conference will hold a study course for CHFM Certification on Monday, October 31, 2005 at 5:30 pm. There is no charge for this course. Please indicate on the registration form if you plan to attend.

Exhibition

Plan to spend time with exhibitors and enjoy lunch stations placed throughout the trade show area. This is a smart and efficient way to conduct business. Compare product and service information before making purchasing decisions.

Awards & Recognition Dinner

Every day individuals in our profession do something that improves the work we do. Join us as we recognize those who truly deserve to be acknowledged and recognized for their achievements within our profession.

Monte Carlo Night

The Monte Carlo Night is your opportunity to roll the dice. Plan to stick around for the fun and games and bid on the fabulous prizes.

Schedule of Events

October 31 - November 2, 2005

Westin Hotel

Indianapolis, IN

Monday, October 31, 2005

- 8:00 a.m. - 4:45 p.m. Registration
- 9:00 a.m. - 10:15 a.m. General Session
Speaker: David Okerlund
- 10:30 a.m. - 12:00 p.m. Concurrent Sessions
Optimum Temperature And Humidity Control In Surgery Suites
Speaker: Dan Pollock, The Trane Company
- 12:00 p.m. - 1:30 p.m. Lunch on Own
- 1:30 p.m. - 3:00 p.m. Concurrent Sessions
Managing Hospital Emergency Power Systems In 2005
Speaker: David Stymiest, Smith Seckman Reid Inc
- New NFPA 70E - Electrical Safety In The Workplace*
Speakers: Lissa Rullman, Safety Management Group
Chuck Fougny, Clairan Health - University Hospital
Russ Bartholomew, ERMCO
- 3:15 p.m. - 4:45 p.m. Concurrent Sessions
What's Your Energy Performance Rating?
Speakers: Clark Reed, US Environmental Protection Agency
Erin Milfeit, ICF Consulting
Jean Hand, ICF Consulting
- How To Perform And Document Risk Assessments*
Speaker: Gary Slack, Healthcare Engineering Consultants

Tuesday, November 1, 2005

- 7:30 a.m. - 5:00 p.m. Registration
- 7:30 a.m. - 8:00 a.m. Continental Breakfast
- 8:00 a.m. - 9:15 a.m. Concurrent Session
Understanding & Accepting Your New Construction Project
Speaker: James Edward, KJWW Engineering Consultants
- Life Safety Code Specialist Survey Activities*
Speaker: Robert Feldbauer, Mercy Hospital Fairfield

Tuesday, November 1, 2005

- 9:30 a.m. - 11:00 a.m. Concurrent Session
Requirements And Management Of Fire And Smoke Barriers
Speaker: Frank Van Overmeiren, FP&C Consultants Inc
- Wireless, The Utility Of The Future*
Speaker: Deanna Moreland, Johnson Controls Inc
- 11:00 a.m. - 3:00 p.m. Exhibits/Lunch *
- 3:15 p.m. - 4:45 p.m. Concurrent Session
Hospital Of The Future
William Roess, Shook National Corporation
Speakers: Bob Hardin, Shook-Skanska
Donald Lemonds, HOK Architects
- ASHRAE Workshop*
- 5:00 p.m. - 5:45 p.m. Local/State Chapter Meetings
- 6:00 p.m. - 6:30 p.m. Reception
- 6:30 p.m. - 8:00 p.m. Awards and Recognition Dinner
- 8:00 p.m. - 11:00 p.m. Monte Carlo Casino/Auction

Wednesday, November 2, 2005

- 8:30 a.m. - 10:00 a.m. General Session
Indiana Homeland Security
Speaker: Eric Dietz, Indiana Department of Homeland Security
- 10:15 a.m. - 12:00 p.m. Concurrent Session
Sustainability In Healthcare
Speaker: Douglas Fick, BSA Lifestructures
- Overcoming Infection Control Challenges In Construction*
Speaker: Leo Old, Smith Seckman Reid, Inc
- 12:00 p.m. - 1:00 p.m. Lunch on Own
- 1:00 p.m. - 4:30 p.m. CHFM Examination

* Spend time with Exhibitors: The latest services and products will be on display. Your participation is the smart and efficient way to conduct business & increase your valuable resources.

Registration Fees

Full Registration	\$350 before August 31
One-Day Registration	\$250
Spouse Registration Dinner/Monte Carlo	\$75

Please visit the website for a registration form and more information:

www.midwest-healthcare-engineering.org or Call 317-713-1551 or Fax 317-578-0621



Full Recognition Packages

New this Year

For as little as \$1250, you can receive extra exposure and benefits with a full recognition package. Full recognition packages include exhibit space as well as sponsorship recognition and other added benefits that will spotlight your company. Below are the Full Recognition Package benefits and sponsorship options.

Level 1 Recognition Package \$6500

- 10x10 Exhibit Space in a premium location (based on availability)
- Full page color advertisement on the inside or back cover of the conference program (based on availability)
- 6 exhibit hall passes that include lunch
- 4 tickets to the Monte Carlo Night
- All of the Free Bonus offers
- Level 1 Sponsorship Option

Level 1 Sponsorship Option
CHFM Certification

Level 4 Recognition Package \$2000

- 10x10 Exhibit space
- 1/3 page black and white ad
- 3 exhibit hall passes that include lunch
- All of the Free Bonus Offers
- Choice of one of the Level 4 Sponsorships

Level 4 Sponsorship Options
Registration Brochure
Conference Program
Educational Sessions

Level 2 Recognition Package \$4750

- 10x10 Exhibit Space in a corner location (based on availability)
- Full page black and white ad in the conference program
- 5 exhibit hall passes that include lunch
- 3 tickets to the Monte Carlo Night
- All of the Free Bonus offers
- Choice of one of the Level 2 Sponsorship Options

Level 2 Sponsorship Options
General Session Sponsorship
Luncheon

Level 5 Recognition Package \$1250

- 10x10 Exhibit space
- 2 exhibit hall passes that include lunch
- All of the Free Bonus Offers
- Choice of one of the Level 5 Sponsorships Options

Level 5 Sponsorship Options
Table Centerpieces OR Evaluation Forms
Monte Carlo Casino Table OR Awards
Directional Signs OR Jazz Trio

Level 3 Recognition Package \$3500

- 10x10 Exhibit space
- 2/3 page black and white advertisement in the conference program
- 4 exhibit hall passes that include lunch
- All of the Free Bonus Offers
- Choice of one of the Level 3 Sponsorship Options

Level 3 Sponsorship Options
Hotel Key Card
Refreshment Breaks
Wednesday Continental Breakfast

Exhibit space is also sold separately as before. A 10x10 booth is \$800. Advertising space and sponsorships are also sold separately. Please visit www.midwest-healthcare-engineering.org or call 317-713-1551 for more information.

 **Midwest Healthcare Engineering**
Conference & Trade Show

Menze Achieves ACHA Certification

Ron Menze, Partner in Morrison Kattman Menze, Inc has become a member of the AMERICAN COLLEGE OF HEALTHCARE ARCHITECTS. The American College of Healthcare Architects (ACHA) provides board certification for architects who practice as healthcare specialists. The ACHA, founded in 1999, represents planning and design expertise for only 330 Healthcare Architects throughout the United States and Canada.

Ron Menze has well met the ACHA criteria which require members to have spent the majority of their professional practice in the healthcare setting for at least three years. Ron has spent over twenty in the practice of healthcare design in regional facilities. After a formal application, reference letters from recent clients, reference letters from other practicing architects, and a portfolio of recent work in which Ron played an integral role, he was eligible to sit for the exam in early 2004.

The exam tested knowledge of current NFPA standards, AIA guidelines for Design & Construction, programming, healthcare planning principles including adjacencies and areas, construction methods and budgets, medical terminology, and contract roles of the architect.

Ron is one of only four healthcare architects that are ACHA certified that reside in the state of Indiana. It represents Ron's commitment to serve the healthcare field at the highest level of professional performance and maintain high standards of specialized continuing education in the years ahead.

St Joseph Hospital Emergency Department

In the June 28, 2004 issue, *Modern Healthcare* reports the top construction capital project trend in the next five years is increasing Emergency Department capacity. Morrison Kattman Menze, Inc. assisted St. Joseph Hospital in Fort Wayne to enlarge and enhance their Emergency Services.

Taking cues from the 1993 Morrison Kattman Menze, Inc. Master Plan, pharmacy and registration were relocated to fourth and second floors respectively.

One goal of the project was to acknowledge the outpatient walk-in traffic that was virtually non-existent in the original 1978 emergency department. The creation of a new emergency walk-in entry, along with a more gracious general hospital entry

and better placed security booth, formed a new dynamic entry for the first hospital in Fort Wayne. The enclosed emergency garage was relit and new windows now flood natural light into the emergency only vehicle space. A decontamination shower room was also created.

The heart of the Emergency Room is an expansion of services and amenities for the patients. Two full trauma rooms, three cardiac observation rooms, an isolation along with a secure hold room, suture room with three bays, two general exams, and a gynecological room are formed around an expansive central station formed of modular systems furniture.

"Is the architect working on your hospital a Board Certified Healthcare Specialist? Find Out."

A concept of allowing the ambulatory center, consisting of ten exam rooms and a satellite nurse station, to function as emergency overflow serves the hospital well. Those regularly scheduled day patients are cared for before the busy evenings, nights, and weekends of the Emergency Department.

The project took two years to construct due to the three phases of construction, the cost was \$5.5 million, and the additions and renovations consisted of 22,000 square feet. The Expanded Emergency Department of St. Joseph Hospital opened in November 2003 is a success both in defining the St. Joseph image and improving the care for those seen.



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The Midwest CHP Application Center (MAC)

The Midwest CHP Application Center (MAC) is located at the University of Illinois at Chicago. The MAC is funded by the U.S. Department of Energy and is focused on providing unbiased information, education, and technical assistance in the area of Combined Heat and Power (CHP) in the eight-state Midwest Region (Illinois, Indiana, Iowa, Michigan, Minnesota, Missouri, Ohio, and Wisconsin). One of the more favorable applications for CHP in the Midwest is the Healthcare Industry, specifically Hospitals.

The key factors that favor Hospitals as a prime candidate for CHP include:

- Long operating hours
- High electric and thermal loads with good load co-incidence
- Need for good quality and highly reliable power



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Recognizing the applicability of CHP for Hospitals, the U.S. Department of Energy (through the Oak Ridge National Laboratory - ORNL) has embarked on a National Program to work with the Hospital Sector to both educate them on the benefits of CHP and encourage them to invest in CHP at their facilities. As part of that program, the MAC is piloting a project in the Midwest to encourage State Energy Offices to implement programs within their state to promote the use of CHP in Hospitals. Five of the eight Midwest States serviced by the MAC (Illinois, Indiana, Minnesota, Ohio, and Wisconsin) have agreed to participate in the pilot program. It is the intent of the U.S. DOE and ORNL to utilize this Midwest project as a model for other Regional Application Centers throughout the U.S.

This Report "CHP Education/Assistance Program Guide for the Indiana Hospital Market Sector" is intended to serve two purposes:

- 1.) Provide the Indiana Department of Commerce with the necessary market information on the Hospital Sector within the state to plan and organize an appropriate workshop/conference to educate this sector on CHP and its benefits to the Hospital Sector.
- 2.) Provide the Indiana Department of Commerce with many of the technical, financial, communication, and application material that can be utilized in their CHP Hospital education program.

The MAC would like to thank both the Indiana Department of Commerce and the U.S. DOE Oak Ridge National Laboratory for the opportunity to conduct this research.

For more information on CHP and its technologies, please visit the Midwest CHP Application Center's website at: www.CHPCenterMW.org.

For more information on the specific application of CHP to the Healthcare industry, please visit: <http://www.bchp.org/hospitals/ashe/hospital-cs.html>

For more information on the overall CHP status in the State of Indiana, please review the report "BCHP Baseline Analysis for the Indiana Market" that will be posted to the MAC website now.





Indiana Society for Healthcare Engineering

Benefits

you can't find anywhere else.



**Questions? Contact
Stevens & Stevens at
800-685-1248.**

What is ISHE?

The Indiana Society for Healthcare Engineering is a resource for hospitals and suppliers. We formed in order to develop solutions to common problems. We have been recognized as a Gold Chapter by the American Society of Healthcare Engineering (ASHE) for the past six years.

ISHE's members are those professionals who are interested in personal and professional development, and engage in one or more of the following healthcare team responsibilities:

- Plant Operations
- Plant Engineering
- Safety Management
- Clinical Engineering
- Related Hospital Fields
- Suppliers to Hospitals

What are the Benefits of ISHE Membership?

Membership in ISHE gives you a combination of benefits you can't find anywhere else:

Professional Development - ISHE provides educational opportunities geared toward your special needs as a healthcare engineering professional. Planning to enhance your career with CHFM certification? ISHE education is designed with CHFM in mind.

Healthcare Facility Tours - See facilities behind the scenes. Hear the insider stories, tips and challenges that only an ISHE facility tour can offer.

Connection - ISHE membership gives you the opportunity to meet and develop friendships with fellow professionals. These are people who really understand what you do for a living because it is their profession, too.

Networking - The answer to a difficult problem may just be a phone call or conversation away. You'll be surprised at how much easier your job becomes when you have a resource network of the best minds in the industry. Your fellow ISHE members are always at your fingertips with the online and print directories of members and resources.

Industry News and Trends - No one gives you as much local industry news as ISHE. The ISHE quarterly magazine, monthly email newsletter, and web site contain stories and information about Indiana healthcare facilities you can't find anywhere else.

Scholarships - To promote the field of engineering, ISHE offers two \$1,000 healthcare engineering scholarships to children of ISHE members every year. Winning one of these scholarships could immediately pay out up to 20 years of ISHE membership!

Advocacy - ISHE makes sure your voice is heard on important issues about codes, standards and other regulations that affect your career and facility. As individuals, our voices are small; but together, we can make a difference.

Recognition - ISHE provides opportunities for professional recognition. Volunteer, serve on the board, or contribute an article on your facility for the magazine or newsletter – these are all great ways to improve your profile in the industry and in your organization.

Who is Eligible for ISHE Membership?

Full Membership to the society is available for those individuals who are active in the field of health care engineering or a related health care field. Healthcare engineering embraces multiple engineering disciplines that include managing, operating and maintaining physical plant facilities, communication and biomedical equipment, and systems in health care facilities. A full membership is available at \$50.00 to those who qualify as being directly responsible for a health care facility.

Associate Membership to the society is available for those individuals whose firms provide products or services. This may include manufacturers representatives, vendors, contractors, distributors, registered architects, professional engineers and consultants. An Associate Membership is available at \$100.00.

Membership to the society becomes effective upon approval of membership application and receipt of the specified dues by the ISHE Board of Directors.



Join today using the application.

ISHE Membership Application

RETURN APPLICATION AND PAYMENT TO:
Indiana Society for Healthcare Engineering
P.O. Box 40727
Indianapolis, IN 46240-0727



I hereby apply for membership in the Indiana Society for Healthcare Engineering.

- My \$50.00 dues for FULL MEMBERSHIP status are enclosed.
- My \$100.00 dues for ASSOCIATE MEMBERSHIP status are enclosed.

Please make checks payable to “Indiana Society for Healthcare Engineering.”

NAME: _____

TITLE: _____

ORGANIZATION: _____

ADDRESS: _____

CITY, STATE, ZIP: _____

COUNTY: _____

TELEPHONE: _____

FAX: _____

E-MAIL: _____

SIGNATURE: _____

Requirements for Membership as quoted from bylaw as:

SECTION 1 – FULL MEMBERSHIP

A. Individuals eligible for full membership in the Society shall be those active in the field of hospital or healthcare engineering in the State of Indiana. Candidates for membership must be eligible for personal membership in the American Hospital Association and the Indiana Hospital Association.

B. A member in good standing is one who meets the requirements for eligibility and whose membership has not been terminated as specified in Article III, Section 12. Only active members in good standing may vote, be recognized, or hold office to the Society.

SECTION 2 – ASSOCIATE MEMBERSHIP

A. Associate membership may be granted to individuals not otherwise eligible for full membership, who are actively involved with hospital and healthcare engineering in the State of Indiana. Associate membership shall be granted only to those professionals who will make a significant contribution to the betterment of the Society.



Indiana Society for
Healthcare Engineering
P.O. Box 40727
Indianapolis, IN 46240-0727

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