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MAINTENANCEFIRST™

MINUTE

MaintenanceFirst Establishes Customer Advisory Board

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Over the years we've encouraged our customers to tell us what features they want in our software, how they want it to look and feel. Some time ago we explored the idea of a Customer Advisory Board (CAB) to add some formality to the process of evaluating customer suggestions, and to help us decide which suggestions to include in our upgrades. We are now ready to move forward with the Board. We would, of course, like to include all of your suggestions but doing so would eventually compromise the integrity of the final product. The suggestions we do receive will be evaluated by our CAB, and considered by MaintenanceFirst for inclusion.

The Board will consist of 12 customers selected because of their proficiency in using our software, a demonstrated willingness to offer suggestions for product improvement, and because of the various industries they represent.

Many of our customers are part of larger organizations having multiple facilities which are MaintenanceFirst subscribers. Multiple facilities within the same organization may be entitled to special pricing. Please send us the name of your parent company or management company and your contact in that company. You may be entitled to special pricing.

Good Karma

Here's a good story we've copied from Uncle John's Bathroom Reader: Tales to Inspire.

Good Karma

The Life You Save...

In 1999 Penny Brown took a rare day off from work so she could watch her son's Little League baseball game in Lancaster, New York. The game came to an abrupt halt when one of the players, 10-year-old Kevin Stephan, accidentally got hit in the chest with a swinging bat. The boy reeled and fell to the ground. Fortunately for Kevin, there was a nurse in the stands: Penny Brown. She ran out onto the field and found that his heart had stopped beating. After performing CPR, she was able to revive Kevin, saving him from permanent brain damage-or perhaps even death.

...May Be Your Own

Seven years later, Penny was eating dinner at a restaurant in Depew, New York, when she began to choke on her food. The other patrons panicked and screamed for someone to help her, but no one there knew what to do... except for one of the dishwashers. He bolted out of the kitchen and performed the Heimlich maneuver, saving Penny's life.

That dishwasher was none other than Kevin Stephan, now 17 years old and a volunteer firefighter. If Penny hadn't run out on the field to save his life, he wouldn't have been there seven years later to save hers.

MaintenanceFirst Software News

Software Education

We want to help you maximize your benefits from our software. We know that the more you learn about what our software can do for you, and for your customer, the more satisfied you will be. To that end we are offering Workstation and Web application Training Seminars during each quarter of the year. The seminars are free to our Platinum customers while others pay only \$500 for the one day event.

We limit the size of the seminars to 6 individuals for each application training to give each customer the individual attention she or he needs during the seminar.

“Their training is well suited for both beginners and advanced users

alike. They are great at providing realistic examples of how the product can benefit you, and listen to your needs and concerns of how you can use the product. They definitely try to understand your operations and how the software can benefit that. I believe the entire operation of MaintenanceFirst has only improved over the years, and technical support as well. As always, I have felt that they give extremely professional and courteous service.”

-CSH Kentucky

Our next seminar will be held

in Louisville, Kentucky on April 18, 2008. To register please call 866-459-9040 or email us at skidwell@maintenance1st.com. Since space is limited we urge you to register soon. You may cancel your reservation without penalty at any time at least two weeks before the seminar. Anyone who schedules and fails to cancel within the allotted time must pay a cancellation fee.

We’ve also added help documentation and 78 watch and learn videos which are available through our website. Contact us for more information. Response to our videos has been exceptional.

As always if there is anything else we can do to enhance your experience with our software please let us know.

MaintenanceFirst Web2008

Web2008, our next generation of web CMMS solutions, was released in January of this year, with great response. We took the core features of our Web2007 product line, and worked to enhance the user experience. There are now several user-specific customization features, everything from application color palette combinations to customizable navigation menus. Dozens of quick links, information buttons, and management tools were added to promptly retrieve valuable information effortlessly.

Web2008 is built with the latest technology, is a breeze to install, and requires minimal hardware overhead compared to other products.

Web2008 Updates:

- At Your Service now include automatic work order assignment.
- At Your Service customizable search and print on demand.
- Redesigned and streamlined application menu.
- User-specific look and feel customization.
- Quick navigation menu page added.

- Enhanced automatic email notifications.
- PM schedule management module added.

MaintenanceFirst Workstation 2008

Web2008 Updates:

- At Your Service now include automatic work order assignment.
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Software Thought

The Maintenance First Job Instruction Management section could be used to record personal protective equipment required for each maintenance activity along with any applicable infection control measures to be implemented for particular maintenance activities.

Generator Gap Analysis

In September of 2006, The Joint Commission published Sentinel Event Alert #37, titled "Preventing Adverse Events caused by Emergency Electrical Power System Failures." This came as a result of a number of incidents where hospitals became dependent on their emergency electrical generators for an extended period of time, such as the 2005 hurricane season. During these events, some hospitals did not achieve the outcomes that they anticipated, and in fact there were some surprises about what was and was not powered by the generators.

In this document, The Joint Commission states that just being minimally compliant with the applicable codes may not be enough to appropriately sustain hospital operations during an extended failure of the electric utility. Several strategies are suggested to evaluate risk, including:

- Reliability assessment of the local electric utility provider
- Consideration of brown outs or black outs as indicators of marginal power supply
- Thorough testing of the emergency electrical power system using the NFPA 110 (Emergency and Standby Power System) requirements
- When planning for construction or renovation, assessing the electrical infrastructure and generator location
- Considering the need for redundancy in the emergency power system
- Maintaining written documentation of procedures and testing

To complete a thorough assessment of the current status of the emergency power supply system, a generator gap analysis is suggested. This is essentially a hazard vulnerability analysis of the system. The organization's needs for emergency electrical power are compared with what is actually provided, and the risk of failure is evaluated.

It is important to understand what loads are served by the emergency power system. Can loads be transferred between generators if one fails? If a portable generator is needed, how much time will it take to make it operational? Is a quick connect available?

Equally important is what is not served. There should be an evaluation of what won't be working when the main power goes out from both a facility and a clinical perspective. The codes only require one elevator to be on emergency power. Is that enough to meet the organizational needs? Are any chillers or air handlers on emergency power? We saw how critical an issue that can become in the aftermath of Hurricane Katrina. Of course, this need is variable depending on climate and season.

On the clinical side, it is important to evaluate the need for emergency power based on the services provided and the medical equipment in use. Although many pieces of portable medical equipment have battery back up power, the battery life is limited. Are there sufficient emergency power outlets available?

Once these things are determined, they should be communicated to the leadership of the organization. The leadership must make a determination as to whether the status quo is acceptable or whether mitigation activities should be undertaken.

The full text of The Joint Commission's Sentinel Event Alert may be found at http://www.jointcommission.org/SentinelEvents/SentinelEventAlert/sea_37.htm.

Although now more than a year since publication, a number of health care organizations have not yet performed this generator gap analysis. Due to the new emergency management requirements now in effect, it is extremely important to do so. This analysis will assist the organization in understanding how well it is supported by its emergency power supply system, which has a direct bearing on determining its ability to stand alone without community support.

Susan McLaughlin, who contributed to this newsletter, is President of SBM Consulting, Ltd., a firm that specializes in providing consulting services and education centering around the material covered by Joint Commission's Environment of Care® standards. She is a speaker in the field of healthcare safety and regulatory compliance, and has authored numerous articles on related topics. She serves as a Codes and Standards Consultant to the American Society for Healthcare Engineering (ASHE), represents ASHE on the

Joint Commission News

Utility Tip

The Joint Commission does not require a gap analysis for utility systems other than emergency electrical power, but it does require the determination of the ability of various utility systems to support the organization through an emergency, as described in the last edition of this newsletter. Using a technique like the gap analysis will give the organization a good understanding of the systems' capabilities and shortcomings so there will be no surprises during any emergency.

Smoke and Fire Damper Testing

In the past, The Joint Commission has expected that all fire and smoke dampers be operated at least every four years to verify that they fully close, in accordance with the 1999 edition of NFPA 90A, Installation of Air Conditioning and Ventilating Systems.

The NFPA has moved the damper requirements to NFPA 80, Fire Doors and other Opening Protectives, 2007 edition. This document makes changes in the requirements stating that all dampers installed after January 1, 2008 must be tested and inspected one year after installation. Thereafter acute care and critical access HOSPITALS ONLY may go to a six year cycle of damper testing. Note that this does not apply to long term care or other health care organizations.

The 2008 Joint Commission standards publications still reflect the old language in EC.5.40, but the new language appears in the January 2008 edition of Joint Commission Perspectives (sent to every Joint Commission accredited organization). Also note that if a hospital has other buildings in which inpatient services are not provided, the four year interval still applies.