## IFHE NEWSletter Issue 2014/1 February 2014

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## Presidents Column – February 2014

Dear Friends and colleagues.

First of all I wish you all a Happy New Year.

At a beginning of a year we look back over the shoulder and see that something we would

like to have left behind us; the civil war in Syria and South Sudan, the terrorists attacks in the Caucasian region of Russia, the uprising in Ukraine and other similar situations around the globe.

King winter is working hard to keep us busy with snowblowers and similar tools, at least high up on the Northern hemisphere. But hopefully there will be snow enough in Sotsji to arrange the winter Olympics games there.

IFHE-members are looking forward to the coming international Congress in Buenos Aires.

You may also read about it on our Web-site www.ifhe.info when finished.

We have to do a job to inform all member organizations that 23<sup>rd</sup> IHFE Congress in Buenos Aires in October 2014, is an opportunity to meet colleagues and get valuable knowledge.

EXCO and Council members have to work hard to retain the member organisations within the IFHE – family.

My objective is to keep all previous member organisations and add two new members within the IFHE Congress in 2014.

Council has already made a positive decision and I am delighted to inform you that the Costa Rican organization ACOAIH, is now the newest and 46<sup>th</sup> member of the IFHE family. Congratulations. New members will be discussed in Buenos Aires. We have already received an application from a Chilian organization. That is perfect.

I will give 1<sup>st</sup> vice president Liliana Font and her team all honour for this achievement. We will also have to decide which national organization will get the opportunity to host the 25<sup>th</sup> IFHE Congress in 2018.

FSTL is now preparing the  $29^{th}$  Norwegian annual conference. The venue is Stokmarknes, my hometown, with focus on the brand new hospital built there. The dates are May 5 – 7.

We must always have in mind one of the main challenge in the years to come, the environmental issue. As responsible hospital workers we must do our very best, be creative, be bold and brave, reduce the pollution by all means. All facility managers must have a main objective; reduction in the use of fossil fuel. Architects and consultants have to find other new and better ways for heating new buildings and warming water. The products and solutions are out there, waiting to be used and implemented We have a responsibility to appeal to all our political leaders to take positive actions to agree on a global reduction of carbon dioxide.

I will also like to mention that preparedness and RISK–management is a key role for us as hospital- and healthcare facility managers and workers.

IFHE and national organizations will have to outline the steps we have to take to develop the next generation of health care facility professionals.

We should be in front of making college programs, professional development and succession planning. I believe this will be widely recognized and therefore attract young people to the field of health care facility management.

Education is key to meeting the challenges ahead.

Our web-site is now modernized and you will find information about our activities.



With hope for a good future I wish you all the best for the coming season.

Your sincerely

Ole Ríst President IFHE

## International Federation of Hospital Engineering Executive Committee and Council meetings

### **COUNCIL MEETING NO.46 – ADVANCE NOTICE 1**

Dear National member organizations,

Advance notice is given that Council meeting no.47 will be held on Sunday 12 October 2014 at 09h00, in conjunction with, and prior, to the IFHE 23<sup>rd</sup> International Congress 12-16 October at UCA Puerto Madero, Buenos Aires, Argentina.

(For Congress information see website: http://www.ifhe2014buenosaires.com.ar)

Information in regard to the venue of the Council meeting will be provided in a later notice. Those national member organizations constituting the regional group IFHE-Europe are informed that arrangements are being made for that group's council to meet on Monday morning 13 October. Time and venue are yet to be established.

National member organisations are requested to indicate, as soon as possible, whether it is their intention to be represented at the Council meeting, and, if so, to name and provide contact details of their accredited Council representatives. Identified representatives will be entitled to register for the Congress at a fifty percent reduced fee.

Early responses will assist in assessing the numbers of attendees, and in the making of appropriate arrangements. Please reply to the General Secretary, copy to the IFHE Administrative Secretariat in Portsmouth.

The notice formally convening the Council meeting, together with accompanying documents, will be sent in due course.

Yours sincerely, Gunnar Baekken IFHE General Secretary

# The participation of the Brazilian Association ABDEH in the 24th Congress of the AADAIH in Mendoza, Argentina.

IFHE and AADAIH invite professionals related to Architecture and Hospital Engineering to present papers for 23rd IFHE World Congress that will be held in Buenos Aires in 2014, according to the following conditions, and thanking you for your participation.

Arch. Lílíana Font

IFHE President 2014-2016 Arch. Luciano Monza Congress President IFHE 2014

## MARK YOUR CALENDAR!

27 March 2014 Deadline for abstract submission 17 June 2014 Authors' Notification



#### TOPICS

Below you will find the topics in which Section your abstract should be included **1 SUSTAINABILITY** 

The concept of sustainability addressed from different points of view: economical, social, cultural, environmental.

#### 1A Economical resources vs. sustainability

- Strategic planning
- Master plan
- Flexibility
- Recycling of existing facilities

#### **1B Physical plant**

- Environmental impact
- Bioclimatic architecture
- Energy saving
- Green hospital
- Eco-friendly materials, building systems
- 1C Technology and Health Services
  - Sustainable medical technologies
- Impact of mobile devices and wireless connectivity on medical technologies and their applications
- IT systems integration and its impact on the design of the hospital

#### 1D Vulnerability of the hospital

- The hospital in times of devastating disasters
- Safe hospital

#### 2 HUMANIZATION

A holistic approach to the patient and new health assistance proposals, respectful of cultural diversity.

#### 2A Patient-centered care

- Quality control
- Safety and comfort
- Regulations, accreditation, recommendations

#### 2B Patient-focused design

- Respect for traditions and cultural diversity
- Proposals from design: use of colour, views, space, natural lighting
- Solutions for the elderly and disabled
- Evidence based design

#### 2C Technology and patient-centered care

- Materials and devices
- Ergonomic design
- Changes in hospital design and medical technology are driven by patient needs or are just a consequence of the technological evolution?

#### **3 NEW SCENARIOS**

#### 3A Status of Health services and systems: aging population and chronic diseases

• Strategic planning and networking

#### 3B Interdisciplinary team

• Roles assigned to architecture, engineering, management and maintenance



• Changes in traditional working methods: LEAN, BIM.

#### 3C Hospital of the future. Proposals

#### FORMAT INSTRUCTIONS FOR ABSTRACT

<u>IMPORTANT</u>: please read carefully these instructions before preparing your abstract. Abstracts not adhering to these guidelines will not be considered for its review.

- Submission Method: abstracts can only be submitted via the online abstract submission on this website. No exceptions will be made
- Presentation Method: papers accepted by the Scientific Committee will be presented as oral presentations during the Congress
- Language: Only abstracts written in English will be considered. Please have the abstract checked by somebody who masters the English language, since they will be published as received.
- Maximum submissions per author: Only 2 abstract will be permitted per registered author.
- All abstracts have to be submitted in Word format. The system will convert them into PDF. Word document should not exceed 6 MB. Do not send pdf files.

Abstract general format:

- Paper size: A4
- Simple interline spacing paragraphs
- Margins: 2,54 m (sup., inf., left, right)

#### Abstract Structure:

#### HEADER

- Title: Title Arial 11 points, in caps, bold and centered. 20 words maximum
- Authors: Arial 11 points. Authors should be included following the title indicating first name and last name. Different affiliations should be indicated following the names with a subscript letter. Presenting author should be underlined.
- Institution / Organization: Arial 11 points, left alienation. They should be indicated following the authors names (do not leave a space)
- Contact email: please include an email address to contact. Arial 11 points left alienation

#### BIOGRAPHY

 Main Author Biography: Please leave a space in between the header (title, authors and affiliations) and the biography. Arial 11 points, single spaced, starting on the left and all justified. Do not exceed 100 words

#### PAPER BODY

- Abstract: Please leave a space in between the biography and the abstract- Arial 11 points, single spaced, starting on the left and all justified. Initiate each paragraph left aligned. Do not exceed 200 words
- Development: Please leave a space in between the biography and the introduction. Arial 11 points, single spaced, starting on the left and all justified. Initiate each paragraph left aligned. 1000 words minimum 2000 maximum. You can include images, graphics and tables
- Abbreviations & acronyms: all the abbreviations & acronyms used in the text should be spelt out in full when first mentioned, followed by the abbreviation or acronym in brackets.

#### PRESENTING AUTHOR REGISTRATION

Please note that after received the acceptance of your paper at least the presenting author has to be registered to the congress.

Benefit for presenting author: Registering until June 30th you will get a 50 % discount on the onsite fee.

#### COPYRIGHT

- 1. Abstracts accepted for presentation in IFHE2014 cannot be presented or published elsewhere before 23rd IFHE Congress 2014
- 2. Copyright: The author/s sign over the copyright of the accepted abstracts to IFHE2014.
- 3. At least one of the authors (presenting author) have to be registered in the meeting.
- 4. Accepted abstracts will be published in IFHE2014 proceedings
- 5. The Organizing Committee will not be responsible of the abstracts not received.
- 6. It is the author responsibility to ensure that the abstract has been received correctly. After submitting the document the author will receive a link with an access key in order to do it.

#### SUBMISSION GUIDELINES

Please click below the guidelines for the abstract submission. We recommend printing them before starting the process.

ABSTRACT SUBMISSION

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Key)<http://ml3.fmsthree.net/class/link.php?liid=&id=wegestuetseigqpswty&url=aHR0cHM6Ly93d3cuZXZlb nRzaW50ZXJhY3RpdmUuY29tL2ljc2J2L3JzLmVzcD9pZD01NzAxMTUmc2NyaXB0aWQ9U1pPTkUx>

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#### EARLY ALLIED SUPPORTERS

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## Summary from SSTY's annual meeting Helsinki 11-13 February 2014

Date: February 11- 13. 2014 Place : Finlandia House, Helsinki

Present: Members of the Finnish association of Hospital engineers, SSTY, about 500 persons. The general secretary of IFHE, Gunnar Baekken, the chairman of FSTL, Vidar Smalaas and me as president of IFHE were invited to the annual meeting in SSTY, the Finnish association of hospital engineers, in Helsinki, 11-13 February 2014.

Gunnar didn't have the possibility to go and Vidar and I went to Helsinki as SSTY's guests. We met the board of SSTY the first evening for a get together dinner.

It was a nice event with some new persons and made new relations.

The conference started with an opening speech from the president of SSTY, Juha Rantasalo. He wished us as guests very welcome.

The lectures was all in Finnish and we as Norwegians went to the Exhibition. A huge exhibition with 74 companies attending. Mostly Finnish companies, but also international ones and a handful of Norwegian firms. Very interesting and always something to learn.

I had an interesting meeting with Finnish representatives from SWECO, a well known Swedish Consulting company. They informed me about the plans for a brand new children's hospital in Helsinki. They were very interested to make contacts with persons who might know about how to measure quality of a hospital. Their vision is to make a hospital in world class.

The evening function was very well organized with nice food and wine, some speeches and Vidar and me got the opportunity to congratulate SSTY with a successful conference and brought our greetings to SSTY from IFHE and FSTL.

A Finnish well known singer/songwriter made an exciting performance.

We are delighted to be invited to such an event and we invited the SSTY to Norway and Stokmarknes for the Norwegian annual meeting 5-7 May 2014.

Juha Rantasalo reminded us about the IFHE-EU conference combined with IFHE EXCO and Council meeting in Turku, June 2 – 3 2015.

Ole Ríst



#### **President IFHE**

# IFHE Report - Australian ExCo Member Supports Establishment of New Indonesian Organisation.

During November the IFHE Australian Executive Committee member, Darryl Pitcher, travelled to Jakarta, Indonesia to support the good work of IFHE "A Member" HATIMI. A national seminar had been planned to promote the benefits of robust and well planned Hospital Engineering to improve the outcomes in Indonesian hospitals. Invitations had been sent across the country to encourage support of this important day that was promoted by the Ministry of Health and the Ministry of Higher Education. On the invitation of HATIMI and with support from IFHE and the Institute of Hospital Engineering Australia (IHEA), Darryl was able to attend the seminar and present on the importance of a Hospital Engineering Association to support the development of engineers and to promote IFHE and IHEA to an audience of over 290 people. Panel discussions were held with each group of speakers taking questions from the floor throughout the day long seminar and providing advice and recommendations on the essential components of hospital engineering, education and training, asset procurement, maintenance and sustainable design.

Following the national seminar which had representation from as far east as Papua and as far west as Banda Aceh in Sumatra, a delegation of representatives met to form a new organisation to support the broad and diverse needs of Hospital Engineering in Indonesia. This was achieved with 21 people representing universities, hospitals, industry professionals and the Education and Health Ministries reaching agreement on the formation of a new body to embrace HATIMI and engage with IFHE and other international and regional associations. Darryl was able to add his signature to the agreement as the international IFHE delegate. Since this meeting a further planning day has been undertaken in December developing a program of activities for the newly formed association into 2014 and beyond.

During the visit to Indonesia, Darryl was able to visit a number of sites in Jakarta including a biomedical calibration laboratory and pathology service and also undertook an overnight trip to Surabaya in east Java to visit the University of Airlangga. This visit included a presentation to graduates of the Faculty of Public Health on the importance of hospital engineering and the benefits of an association to support sustainable hospital facilities and development and training. Darryl was also able to tour the recently completed University of Airlangga teaching hospital and the Tropical and Infectious Disease Research Facility and held a meeting with the Director of the University and a number of Faculty heads to discuss the challenges they were facing specifically around hospital engineering. It is planned to build twenty new teaching hospitals across Indonesia under the guidance of the Ministry of Education and these facilities require proper planning and development to ensure the objectives of both the Health and Education ministries can be met. There is a passion to improve health outcomes for the people of Indonesia and to further develop local clinicians and health professionals with education in purpose-built teaching facilities that also deliver localised emergency health and clinical solutions.

The visit is evidence of the good work able to be achieved by collaboration between members of IFHE, and how, with the support of member organisations more positive outcomes can be achieved as countries share their experiences and support further education and development.

Special thanks to Johnny Sinaga, Imam Rafia and the Ministry of Education for supporting and hosting the ExCo delegate during this visit, and also to IFHE and IHEA for sponsoring the travel to allow Darryl to contribute to the Indonesian health sector.

Darryl Pitcher

## **WHO-IFHE**

#### **Global Forum Medical Devices (Geneva 22-24 November)**

On behalf of IFHE, I had a presentation on Saturday. All presentations in the total global forum were maximum 10 minutes- so I had to tell a story of 45 minutes in 10 minutes, but it was good. After that I was involved in a panel discussion together with a 4 other speakers. My presentation was about energy in Healthcare, another speaker explained a renovation of a neonatal room with good insulation and good walls in order to get an acceptable temperature inside (Nigeria), another presentation was about a concept and accreditation

of a sterilization department in Cape Town South Africa.

We had a panel discussion about infrastructure and energy. About energy, a WHO collaborator asks to read a document (200 pages) about the energy concepts (in developed and also in low resource countries.) and also to give some ideas and experiences for this document.

side 7

This session 'Infrastructure' started at 10.30 u. and finished at 12.30 u.I asked Adriana to send the 'collaboration document' IFHE-WHO -UIA-IFBME-IFH about the project (infrastructure .....) we will start up via web.

I also asked info about PAHO (Pan American Health Organization) (on demand of Mme Liliana Font Argentina). PAHO is a stand alone organization but is also a 'regional office of WHO. PAHO started upin 1902 and WHO was " born" in 1948. They have more or less the same programs and there is no 'competition' between both organizations. About the WHO- 4 NGO's collaboration, PAHO will be also involved.

There was also a session about ' the biomedical engineer' : education, job description, responsibilities..... There was also a session about new technologies special for low resource countries ( apparatus special designed f.i. different tests of blood parameters in one small apparatus , easy and simple X-ray ( digital) without chemical developing, .....

Good to see that IFHE is mentioned in the invitation folders and in the document with the content of the meetings.

So IFHE is in the running ! Paul Merlevede Liaison IFHE-WHO

## **Overview of the activities of the VTDV**

• Conference on June 15, 2012 in Brabanthal Leuven with te theme :

#### "Back to Basic"

Basic task of the technical department. (250 particpants)

• Family Day on October 11,2012

#### Visiting mining in Beringen

- Brainstorming about the future of the VTDV on December 2 & 3, 2012
- Regional division Limburg/ Flemish Brabant organizes an late afternoon activity on January 22, 2013
  Visit to Camfill in Zaventem (27 participants)
- Regional division Antwerp organizes an late afternoon activity on February 7, 2013

Presentation on Assetmanagement in Healthcare (20 participants)

• Afternoon seminar at University Hospital of Antwerp on February 26, 2013

Busines continuity and risk management (90 participants)

- Regional division East & West Flanders organizes an late afternoon activity on March 14, 2013 Presentation on **Climate ceilings and their various applications** (22 participants)
- Regional division Limburg/ Flemish Brabant organizes an afternoon activity on March 20, 2013
  New building critical departments at University Hospital of Leuven(157 participants)
- Participation on the IFHE council in Bern, Switserland from 10 to 13 April 2013
- Participation on the NVTG congress in Eindhoven, Netherlands April, 18 & 19 2013
- Regional division Limburg/ Flemish Brabant organizes an afternoon activity on April 22, 2013

Water quality (24 participants)

• Family Day on April 28,2013

#### Blossom bicycle tour

• Division seniors organizes a visit to the Stuivenberg hospital with a dinner in the Jewish part of Antwerp on May, 3 2013

• Regional division East & West Flanders organizes an late afternoon activity on

May 21, 2013 at St. Lukas hospital in Gent.

## **Presentation on Healthy lighting and intelligent lighting management in Healthcare** (33 participants)

• Conference on June 21, 2013 in Expo Kortrijk with the theme :

"Loss Control"

#### What's in a name? (240 particpants)

#### Please join IFHE on Facebook www.facebook.com/groups/The IFHE

#### EVENTS CALENDAR

## Please look IFHE webpage for updated information www.ifhe.info

EVENTS CALENDAR

IFHE members are invited to submit information regarding forthcoming events for publication.on www.ifhe.info

#### <u>2014</u>

57-May	FSTL Mail Comferance. Stokmarknes, Norway	
September	WGKT Technik im Krankenhaus TK 2014 . Hannover , Germany www.wgkt.de	
28-30 September CHES 34 <sup>th</sup> Annual Conference. Saint John Trade & Convention Centre, Saint John , New		
	Brunswick, Canada.	
27-29 August	ABDEH 2014 VI Congresso, Florianópolis, Santa Catarina, Brasil <u>www.abdeh.org.br</u>	
7-8 October	IHEEM Annual Conference, Manchester. UK <a href="http://www.healthcare-estates.com">www.healthcare-estates.com</a>	
11 October	IFHE Executive Committee meeting 39 Buenos Aires, Argentina	
12 October	IFHE Council meeting 47 Buenos Aires, Argentina	
13-16 October	IFHE 23 <sup>rd</sup> Congress organized by AADAIH at UCA University Av Alicia Moreau de Justo1300 Buenos	
	Aires, Argentina. "Healthcare Facilities in times of Radical Changes"	
02-04 November FSTL Hostmote, Rica Nidelven Hotel, Trondheim		

#### <u>2015</u>

2.June	IFHE IFHE Executive Committee meeting 40
3.June	IFHE Council meeting 48 together with IFHE-EU in Finland.

#### <u>2016</u>

16 April	IFHE Executive Committee meeting 41, Rijksmusuem, Amsterdam, Netherlands	
17 April	IFHE Council meeting 49 Rijksmusuem, Amsterdam, Netherlands	
18-20 April	<b>IFHE 24<sup>th</sup> Congress</b> organised by NVTG at the World Forum, The Hague, Netherlands.	
	"Healthcare Engineering creating effective and efficient care world-wide".	

#### IFHE AND 'A' NATIONAL MEMBERS' WEBSITES

Members are requested to keep IFHE informed about changes in contact details and website addresses.

A001 IHEEM UK www.iheem.org.uk	A002 FENATO Italy www.usppi.info
A003 IHF France www.ihf.fr	A006 NVTG Netherlands www.nvtg.nl
A007 ASHE USA www.ashe.org	A008 NZIHE New Zealand www.nzihe.org.nz
A009 IHEA Australia www.ihea.org.au	A010 SAFHE South Africa www.safhe.co.za
A012 VTDV Belgium www.VTDV.be	A013 AEIH Spain www.aeih.org.
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A017 WGKT Germany www.wgkt.de	A018 CHES Canada www.ches.org
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"Healthcare Engineering creating effective and efficient care world-wide".

#### Your sincerely

Gunnar Baekken

**IFHE General Secretary**