Emblem Contest
Rules Announced

Join with other contestants, and let us see your talents in designing an emblem for our society.

(1) The Emblem must show a true relationship between the items shown on the emblem and our honorable profession.

(2) Shall be drawn on 8½” x 11” paper.

(3) Must be your own work.

(4) Limited to Hospital Engineers, but not necessarily members of the New England Hospital Engineers Society.

(5) All designs to become property of the society.

(6) Contest closes September 15, 1961.

(7) All entries to be sent to Mr. George Vera, Administrative Engineer, St. Luke’s Hospital, New Bedford, Mass.

Freehand, pen or pencil is acceptable, and don’t worry about how good your drafting ability may be—we want your ideas.

Judging Committee

We are privileged to have past first president, George Vera, Administrative Engineer, St. Luke’s Hospital, New Bedford, Massachusetts, as Chairman, Thomas Stebbins, Director School of Medical Illustration and Medical Art Dept., Mass. General Hospital, John Withee, Chief Photographer and Director of Medical Illustrations at Peter Bent Brigham Hospital.

Prizes

Bottle of excellent Scotch and a box of fine cigars.

The prizes will be awarded during the fall session.

Name Bill Harney
Program Chairman

Past Secretary and past treasurer, Bill Harney, has already started his work as Chairman of the program committee by recommending the beautiful Schine Inn at Chioopee, Massachusetts for our fall meeting. The Inn offers the best facilities in all New England. It is worth going through just to see the super modernist structures. We are looking forward to another excellent program with an evening session.

Robert P. Lawson to
Speak at Fall Session

Through the combined efforts of Messrs. Warren Marble of publications and William Harney of programming, our members will be privileged to hear guest speaker Robert P. Lawton, Administrator of the Grace New Haven Community Hospital, speaking on “The Administrator’s Responsibility to the Engineer.” We know that this will be an informative and interesting part of our fall program.

Name Bill Ornberg
Nominating Chairman

A formal call for the nominating committee was made, and is being headed by Bill Ornberg of Westerly Hospital. The remainder of the committee consists of all past presidents and all newly elected state representatives.
EDITORIAL

Dear Chief Engineer:

Budgeting is the best method of informing the administrator and the trustees of the need for additional money.

For the last five years our chief engineer has been turning in reports showing that the electrical demands made on our transformers have been arriving at the point where they would exceed the capacity of the unit.

Each year the administrator has submitted the reports to the trustees. The trustee committee has evaluated the reports and approved only recommendations that would alleviate the most pressing conditions.

We have recently started to work with architects who, after their initial investigation, came back with their first recommendation which required the conversion of our present system from 4,160-volt to 12,800-volt service. Our future demands exceeded the service that could be given to us by the utility company at 4,160 volts.

The trustees were not shocked by the recommendation made by the architects. The reports of the chief engineer fully substantiated the increased demand made on the electrical service. His charts showed how year after year the demand had gone up. They reviewed his reports and his budgetary estimate and were well satisfied when they could substantiate that it would be more economical to make the change in service now than it would have been five years ago.

Our chief engineer was congratulated by the members of the committee on his sound budgeting, and they expressed their appreciation on the method that he had used to keep them advised during the last five years.

Chief Engineers are fully qualified to furnish an estimate on the cost of constructing an office, replacing a pump, or putting new electrical fixtures on the third floor of the hospital. A few engineers budget to the extent that they can tell the administrator what the carpenter will do next week and what he will do six months from now. It is evident that this chief engineer has planned ahead and knows where his mechanics are going to work and that he has money to pay for materials, etc.

Then there is the engineer who has not budgeted or planned and spends his time making repairs—fixing broken-down equipment—always rushing—never ahead of what he has to do. This engineer is always running to the administrator saying, "I need more help, I need more money."

To budget, the engineer is required to plan, to estimate, and to gain approval.

Virtually all hospitals are plagued by modest budget limitations on the maintenance function. It is not surprising that priority for a limited number of dollars is assigned to medical payroll and the cost of other functions directly related to diagnosis, surgery and bedside care.

Any hospital administrator (if he has to choose, and probably must) will buy the desperately needed post-operative suction pumps instead of paint. Regardless, it is the chief engineer's responsibility to tell the administrator that it is necessary to paint the second and third floors of the hospital this coming summer. To do this he should be able to say what it will cost either through a budget bid from a contractor or if he has his own painters, how long it will take for them to do the job and how much the paint will cost.

The reports he provides will furnish the administrator with the data he needs to educate the members of the governing board "to do unto their hospitals as they would do unto their manufacturing plants." Lucky is the chief engineer who has a contractor as a member of the board of trustees who has had considerable experience in the renovation of buildings and who has received contracts to rebuild other buildings into modern plants.

How hard would a chief engineer have to work to keep records to inform his administrator that pumps are in need of replacing, to show that he has expended more than he would on repair, and that it would be wiser to replace the pumps? Your records will show what you have done in the past, and as you plan and budget for the future, you will then have to give consideration to the following:

1. That you hire more competent mechanics.
2. That you shorten the maintenance cycle and start looking for trouble before it occurs.
3. That you start a preventive maintenance program and keep it up.

Now the point is: What action is necessary for you to make a clear, concise recommendation to your administrator to obtain the three points listed above:

A. Evaluate the mechanics you have in your department now and motivate them into doing a better job.

B. Shorten the cycle of inspection and maintenance of equipment by utilizing these mechanics.

C. Set up a preventive maintenance program.

All this requires planning on your part, plus a supervisory "know how" to motivate the mechanics in your department and the ability to put all of this together so that you can inform the administrator on the cost of such a program. Only at this time will you realize the importance of budgeting and the tool that you have built for yourself.

Sincerely,

Dick Wass

Director House Services
Beth Israel Hospital
Boston 15, Massachusetts

AHA Engineers Meet
In September

The Department for Hospital Engineers of the American Hospital Association plan to hold a meeting in Washington, District of Columbia, during the week of September 11th, 1961. An excellent week long informative program has been planned. This session will give the members a real insight into Hospital Engineering on a national scale which is a fresh approach for all who have not been privileged to attend an AHA meeting in the past. If you attend, remember to bring and wear your summer suits.
JOIN THE NEW ENGLAND HOSPITAL ENGINEERS SOCIETY!

The Objectives Are

To promote better patient care through better design, maintenance, and operation of the physical plant.
To promote the professional development of Hospital Engineers.
To promote and present an educational program for Hospital Engineers.
To promote a mutual exchange of information and technical assistance between Hospital Engineers.

ELIGIBILITY—Any person in a supervisory capacity actively engaged in hospital field who's duty or responsibility is the operation and/or the maintenance of the buildings, grounds and equipment of a hospital. This would include Engineers, Administrators, Assistant Engineers, Assistant Administrators, Maintenance Foremen and supervisors.

Please write. Chairman of Membership Committee:
Edward Chaffee, Administrative Engineer
Rhode Island Hospital, Providence, R. I.

Personal

Connecticut State Representative, Frank A. Fuhlbruck, has been confined to the Hartford Hospital, Hartford, Connecticut. Frank will be there for a while, and we know he would appreciate cards and letters.

Congratulations to Richard E. Oberbeck, formerly of Beth Israel Hospital and Massachusetts Memorial Hospital. Dick has been appointed Plant Superintendent at Framingham Union Hospital, Framingham, Massachusetts, with Maintenance, Power Plant, and Housekeeping being his primary responsibility. We also hear he has just gotten married and purchased a new home. It looks like Dick has a whole new life ahead of him.

Vice President, Edwin Chaffee, is to be congratulated on being elected to the Department Committee of the Personal Membership Department for Hospital Engineers of the American Hospital Association.

Your President

(Continued from page 1.)

Maintenance of Presbyterian Hospital in New York City, and in 1964 became Assistant Director of the Massachusetts General Hospital, Boston, Massachusetts. During these years he has lectured on Hospital Administration at Columbia University, been a member of several American Hospital Association Committees, has written for Power, Heating, Piping and Air Conditioning, and Building Management. He holds Professional Engineers Licenses in N. Y., Mass., and N. H.

Mr. and Mrs. Degen live in an apartment in Boston most of the year but spend a good part of the summer months on their farm in the rolling hills of New Hampshire.

He feels the greatest need in the field of hospital plant operations and maintenance is trained personnel, and sound scheduled management procedures, and is interested enough to give of himself and his experience to assist all of us in obtaining these goals.

Boston Seminar

NEHES members attended a seminar on May 3, 1961, at Hotel Bradford, Boston Massachusetts. The Boston Chapter of the Producers' Council Inc., sponsored an Air Condition Seminar and luncheon.

Types of systems, design criteria, and human comfort were the topics of the day. This was an excellent introduction to the layman on the subject of the creation of an artificial atmosphere to meet the demands of the individual client or customer.

Bill Pitt, Tom Manchester, and Ed Chaffee, all from Rhode Island, Joe Degen, John Della and Gil Nettoli from Mass., and Lou Ely from N. H. were in attendance.

THIS EDITION OF
THE NEWSLETTER
edited by
Louis B. Ely, Jr.
Secretary N.E.H.E.S.
Chief Engineer, Mary Hitchcock Memorial Hospital, Hanover, New Hampshire.

CONTRIBUTIONS TO THE NEWSLETTER

You are invited to submit material and news items for publication. Subjects should be of special interest to Engineering and Maintenance personnel in the Hospital Field.

Please write. Chairman of Publications Committee:
Warren Marble, Chief Engineer
Danbury Hospital
Danbury, Conn.
Questionnaire Evaluation

During our meeting last fall on November 28, 1960, many of you answered a printed questionnaire consisting of 25 questions. Seventy-two different hospitals answered, of which 22 were city, county, state or federal, and 50 were private hospitals. The evaluation runs as follows:

1. Relamping of fluorescent fixtures on a program basis is carried out by only 16.7% of all hospitals. However 20% of the public owned hospitals carried out the program. 16% of the private hospitals carried out the program.

2. Color standardization of fluorescent lamps. 61.33% of all hospitals standardize, of which in public owned hospitals participated a total of 54.4% and in the private hospitals a total of 64% participated.

3. Standardization of paint colors in hospitals, totals 64.12%. In public owned hospitals 63% standardized and in the private hospitals a total of 64% participated.

4. Painting program to determine how often an area should be painted totaled 42% of all hospitals, of which 50% of public owned hospitals do program and 48% of private hospitals also participate.

5. Maintenance Department participation in hospital disaster plan totals 68% of all hospitals. 76% of public owned hospitals participate and 90% of private hospitals participate.

6. Do Maintenance Department personnel know their individual responsibilities in the Hospital Disaster Plan? 74% do know their responsibilities. In public owned hospitals 76% know their responsibilities, and 72% in the private hospitals.

7. How many hospitals have enough emergency generation to last for two days without affecting patient care? 79% have enough. In public owned hospitals a total of 76% have enough, and in private hospitals 64% have enough to last for two days.

8. Manpower enough to keep hospital buildings in first class condition. 44.5% have the manpower. In public owned hospitals 45% have enough, and in private hospitals 44% have enough man power.

9. Maintenance Mechanics — Are they paid enough to obtain good steady well qualified men? 40% feel their personnel are paid well enough. 45% of public owned feel this way, with only 58% for the private hospitals.

10. Does your Maintenance buy parts and supplies through the purchasing departments? 57% do buy through purchasing departments. In the public owned hospitals 67% do, and in the private hospitals 61% do their buying via Purchasing Depts.

11. Does your Maintenance Department have an adequate petty cash fund for small local purchases? 47% do have an adequate petty cash fund. 50% of public owned do, and 48% of the private hospitals do.

12. Does the Purchasing Department do any research in finding new and better materials? 36% of hospitals do. In public owned hospitals 27% do, and in the private hospitals 40% do research on new and better materials.

13. Are the facilities of the Purchasing Department set up in such a manner as to assist in finding “hard to get” items? 39% of the hospitals do. In the public owned hospitals 27% do and in the private hospitals 44% do try to get the so-called “hard to get” items.

14. Has your hospital ever paid for books and tuition for Maintenance Department personnel to attend college or vocational school? 36% of hospitals have done this. 27% of public owned hospitals have and 40% of the private hospitals have paid for books and tuition.

15. Would you like to send one or more of your personnel to college or vocational school? 88% the hospitals would like to. Out of this group the public owned hospitals total 91% that would like to and in the private hospitals 84% would like to send personnel to college or vocational.

16. Does the head of the Maintenance Department prepare a budget for utilities, supplies, alterations and renovations, labor costs, and projects? 51% of the of the hospitals do. In the public owned hospitals 56% budget for the above, and in the private hospitals 50% do.

17. Would you like to make your department’s needs known to the hospitals trustees at their annual budget session, and explain to them why and where funds should be spent for general maintenance and repairs? 76% of the hospitals would like to. In the public owned hospital 90% would like to, and in the private hospitals 76% would like to make their needs known to the trustees.

18. Do you feel you could present your case to the Board of Trustees as well as, or better, than your administration? 55% of the hospitals feel they could. 17% of public owned hospitals and 66% of private owned hospitals.

19. If your hospital has elevators, do you have an outside maintenance contract? 85% of the hospitals have. In public owned hospital 72% have, and in private owned hospitals 90% have contracts.

20. Does your hospital have regular Department Head meetings on a scheduled basis? 57% of the hospitals have. In public owned hospitals 33% have and, in private hospitals 56% have regular meetings.

21. If the answer to question 20 is “Yes,” do most of the Department Heads take active part in the discussions, and do they offer suggestions? 53% do. In public owned hospitals 33% do and in private hospitals 50% do take part in the discussions and offer suggestions.

22. Does your hospital have sick leave policy? 96% have sick leave. In public owned hospitals 100% have sick leave, and in private hospitals 94% have sick leave policies.

23. Does your hospital have accumulative type plan whereby you may accumulate to a certain number of days after a year or two? 59% have sick accumulative type. 67% of public owned hospitals do, and 42% of private hospitals do have a accumulative sick leave.

24. Does your hospital supply uniforms to mechanical personnel in the Maintenance Department? 20% of the hospitals do. In public owned hospitals 18% do, and in private hospitals 34% do issue uniforms to their personnel.

25. Does your hospital have a pension plan other than Social Security? 43% of the hospitals do. In public owned hospitals 58% do and in private hospitals 38% have pensions other than Social Security.