Fall Institute to Be Held in Chicopee, Mass

An interesting, timely and very informative program has been planned for presentation at the beautiful new Schine Inn on the Massachusetts Turnpike, in Chicopee, Massachusetts. The subjects will run as follows:

**THURSDAY, NOV. 16**
7 P.M. to 11 P.M.
The Engineer’s Roundtable
Moderated by NEHEMS PANEL
The roundtable is an informal friendly gathering where any and all may speak his mind.

**FRIDAY, NOV. 17**
9 A.M. to 4:50 P.M.
The Administrator’s Responsibility to the Engineer
By Robert P. Lawton, Administrator, Grace New Haven Community Hospital, New Haven, Connecticut.

**Labor in Hospitals**
By Father Callahan, College of the Holy Cross, Worcester, Massachusetts

**The Engineer & Thermo-Nuclear Warfare**
By Professor Koontz, nationally known authority on Atomic and Nuclear Developments.

**Outside Your Buildings**
Painting, Pointing, and Parking
Moderated by NEHEMS PANEL

**Question and Answer Session**
By Speakers and the Audience
An excellent meal will be served at noon on Thursday, as part of the program. You do not have to be a member to attend. The cost is $12.50, and application can be obtained from Mr. William Harney, Program Chairman, St. Vincent Hospital, Worcester, Mass.

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To Offer Hospital Engineering Course

The American Hospital Association is going to sponsor another short course in Hospital Engineering. This is the only course of its kind, and would be an excellent opportunity for any and all Hospital Engineers, but especially good for men in expanding hospitals and for assistant engineers. The subject matter is as follows:

- Hospital planning and design
- Principles of Administration
- Power Plant Operation
- Efficient Use of Utilities
- Hospital Organization
- Techniques of Communications
- Preventive Maintenance
- Hospital Safety
- Personnel Relationships

This course will be given by Iowa State University in Ames, Iowa, in February of 1962 and will last from 7 to 8 weeks. Please write for full particulars to:

G. A. Weidemier, A.H.A.
840 N. Lake Shore Dr. Chicago, Ill.

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AHA Institute

Washington, D.C., Sept. 15, 1961—Approximately one hundred and fifty hospital engineers from all parts of the U. S., Canada, and Caracas, Venezuela, met at the Willard Hotel to attend the AHA Institute for Hospital Engineers. Under the sponsorship of the Maryland, District of Columbia, and Delaware Hospital Association, the Institute program was conducted by the very able Gerry Weidemier.

Several excellent workshops and a trip to the White House were included. This institute was well worth while and the consensus of opinion of those attending was an increased understanding and better outlook on Hospital Engineering.
EDITORIAL

THE HOSPITAL ENGINEER’S RESPONSIBILITY TO THE ADMINISTRATOR

To begin with, I might say in one sentence that perhaps the most important function of the Engineer is to operate his department in an effective and economical manner to attain the best patient care possible.

The responsibilities of the hospital Engineer have gone in recent years, and still are, going through a period of tremendous change. I’m sure all of you can recall when the Maintenance and Power Plant departments were headed by someone who was usually known as the “maintenance or handy man.” I wish to assure you all that those days are gone.

Today the Engineer must not only be familiar with his power plant, hundreds of pieces of mechanical equipment, construction of his building, maintenance of his grounds, but he must also be prepared to take an active part in all renovation and future construction. If he is properly trained, he is in a position to consult with, and advise, the Administrator on all engineering problems.

The Engineer’s responsibility is definitely an unceasing situation. He is responsible twenty-four hours a day, every day in the year. The Administrator certainly expects that, regardless of the hour or day, his Engineer is ready and able to handle all problems which may arise. He must keep the Administrator fully informed as to the condition of the department, hospital equipment, buildings and grounds.

Education

Knowledge of management principles is becoming more important in hospital engineering. Liaison between the Engineer and the Administrator is more important than ever. Equally important is knowing how to organize his work and how to get along with people.

It is up to each Engineer to further his education in every way possible, so that he might not only better understand the above, but also the new techniques of patient care.

Direct Responsibilities

Perhaps the Engineer’s first responsibility to the Administrator is to operate his department efficiently and economically within the funds available; to consult with and advise the Administrator on all engineering problems, to maintain the hospital property, in such a manner that the Administrator does not have to closely supervise the Engineer.

Before the Engineer meets with the Administrator he is expected to have all the facts and details available and to present them to the Administrator in such a manner that he can fully evaluate the situation.

There is not an Engineer anywhere who has the answers for every problem. However, every Engineer should know where to get the answers he does not already know. Every engineer has contractors in his area, who on many occasions are more familiar with particular equipment. In most cases, these contractors are more than willing to assist the Engineer with any problems pertaining to the hospital. Also, it is the desire of the New England Hospital Engineer’s Association, to create a mutual understanding among all Engineers so that each Engineer might at any time call on another for his viewpoint, knowledge or expertise.


NEHES Officers Speak at AHA Engineering Institute

By Tom Manchester

Washington, D.C., Sept. 15, 1961

—Three of the officers of our society did first rate jobs as program speakers and panelists. President Joseph Degen capably presented the topic, “Acoustic Problems in Hospitals.” Vice President Edwin Chaffee gave his presentation on “Theory of Boiler Plant Operation.” Our Treasurer Vincent Gardner presented a most interesting and complete paper on “Improve Your Boiler Plant Operation.” In talking with men who attended this institute these three presentations were accepted most favorably and were some of the highlights of the program.

Other members attending the institute from our society were Louis F. Ely, from New Hampshire, Louis Hough, Gilbert Nessolini, from Massachusetts, with William Pitt, and Thomas Manchester from Rhode Island, and Albert Stott from Connecticut. Many other New Englanders also appeared such as Frank Viara and Martin Shea from Rhode Island, Raymond Boll, William Doherty, James Pathe, Joseph Posadas and John Vanderscoff, all from Connecticut. This gave a good showing for the New England States. (Continued on page 3.)
Editorial

(Continued from page 2.)

ence which might be varied from his own.

The Engineer is expected to have a system of communications between himself and the various department heads for the express purpose of maintaining the hospital equipment.

He is responsible for conducting regular fire drills and a constant fire safety program.

It is the Engineer's responsibility to conduct a preventive maintenance program in such a way as to reduce emergency repairs wherever, and whenever, possible. Although many Engineers do not have such a program, it is the Engineer's responsibility to do all in his power to keep the Administrator informed of what such a program can do for his hospital. This subject has been covered quite thoroughly at Institutes in the New England area.

Few Administrators have the time for minor details, but every Administrator wants the important facts at his finger tips. Many Engineers have found that it is frequently a better technique to keep the Administrator informed by memos or notes to his office. This cuts down the number of meetings, and at the same time keeps him posted on all conditions which the Engineer knows he is concerned with, particularly those conditions he has brought to the Engineer's attention.

Indirect Responsibility

The Engineer's responsibility to the Administrator is carried over indirectly through the Engineer's relationship to all department heads and to all committees which he may serve on.

When an Engineer gives of his knowledge to a committee such as the Disaster Committee, or the Safety Committee, he is definitely assisting the Administration, as are all department heads.

The Engineer is responsible for each and every employee in his department. He is expected to know these employees and to supervise them in the best possible and most efficient manner, to treat them fair and just, and to build a harmonious relationship, not only among his employees, but between his employees and himself.

It is the Engineer's responsibility to carefully screen and select wisely a staff possessing the required skills to cover all phases of maintenance and repair in order to maintain the hospital in high standards. He must fully appreciate the absolute necessity of obtaining character as well as job skill when selecting new employees. He should place a great deal of weight on the prospective employee's ability "to get along with other people."

The Engineer, as all hospital employees, is an ambassador of good will to all people who enter the hospital. A good Engineer is proud to be associated with his hospital and does not fail to let this be known to all people. He must also let patients know that he is sincerely concerned with his equipment, and that frequently it is as important as medications, when it comes to patient care. As remote as the Engineer may seem to be from nursing care, and most other departments in the hospital, he is nevertheless on the same team dedicated to providing the best possible patient care.

In conclusion, I would like to quote the first purpose of the New England Hospital Engineer's Society: it is the Engineer's responsibility "TO PROMOTE BETTER PATIENT CARE THROUGH BETTER DESIGN, MAINTENANCE AND OPERATION OF PHYSICAL FACILITIES."

WARREN E. MARBLE
Chief Engineer
Danbury Hospital
Danbury, Connecticut

Emblem Contest Winners Announced

After months of deliberation an official emblem, which kind of looks vaguely familiar, was chosen by the very able judges. Messers Edwin Chaffee of Rhode Island Hospital and, John Vanderscoff, VA Hospital, Newington, Conn., tied for first place. It is going to be interesting to see if duplicate prizes will be awarded, and if not which winner gets the scotch, or will they split. Come to Chicopee and see.

Bill Harney

(Continued from page 1.)

What kind of a fellow is Bill and what is his background?

He attended Saint Mary's College in Pennsylvania and Franklin Institute in Boston, Massachusetts, is married and has a daughter Kathy, now in her junior year in college. He enjoys playing golf, working in the garden, and if a tune is well called, he will dance to it. Organizations of which he is a member and works hard to support are: The National Association of Power Engineers, New England Hospital Engineers Society, United Commercial Travelers, and the Saint Vincent de Paul Society of his church.

His philosophy has been that of a person always helping and assisting others, and through this outlook, all who know him benefit in many ways.

In Memoriam
Justin M. Kearney
1910 - 1961

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.
1961 - MEMBERSHIP LIST - 1961

Bailey, Henry J., Beth Israel Hospital, Boston, Mass.  
Bender, Alexander, Gaylord Hosp. & San., Wallingford, Ct.  
Benoit, Everett C., Rhode Island Hosp., Prov., R. I.  
Boreen, George, Metropolitan State Hosp., Waltham, Mass.  
Burtin, Donald T., Quincy City Hosp., Quincy, Mass.  
Burns, Alexander, Taunton State Hosp., Taunton, Mass.  
Byer, Donald C., Union Hosp., Fall River, Mass.  
Carroll, John J., Lincoln Park School, Lincoln, Mass.  
Carvalho, Max E., Union Hosp., Fall River, Mass.  
Chaffee, Edwin W., Rhode Island Hosp., Providence, R. I.  
Clachrie, James N., Westerly Hosp., Westerly, R. I.  
Cooper, Robert, Franklin Hosp., Cohasset, Mass.  
Coehorne, Albert, St. Joseph Hosp., Providence, R. I.  
Cote, Ernest, St. Mary's Hosp., Lewiston, Me.  
Cutler, Donald, Cape Cod Hosp., Hyannis, Mass.  
Davenport, H. R., Veterans Adm. Hosp., West Haven, Conn.  
Dawson, W. S., Island Hosp., Providence, R. I.  
Doherty, William T., St. Francis' Hosp., Hartford, Conn.  
Dolin, B. E., Veterans Adm. Hosp., Providence, R. I.  
Ellis, Albert, R. I. State Hosp., Howard, R. I.  
Gardner, V. F., Beth Israel Hosp., Boston, Mass.  
Green, Joseph T., Portland City Hosp., Portland, Me.  
Growes, Robert D., St. Margaret's Hosp., Dorchester, Mass.  
Hallor, Mary, St. Mary's Hosp., Conn.  
Harrington, John J., Charles V. Chapin Hosp., Prov., R. I.  
Harris, W., Maine Medical Center, Portland, Me.  
Harrison, Clifford, Danbury Hosp., Danbury, Conn.  
Heisay, Richard, Huggins Hosp., Woburn, N. H.  
Holmquist, Hugo, Our Lady of Mercy Hosp., Prov., R. I.  
Johnston, Thomas, Jr., New England Sinai Hosp., Jamaica Plain  
Johnson, Wade C., Hospital Assoc. of R. I., Providence, R. I.  
Larson, John, M. McLean Hosp., Belmont, Mass.  
Loughran, H. J., Kent County Hosp., Warwick, R. I.  
MacDonald, William, Nashua Hosp. Assoc., Nashua, N. H.  
Swanson, H. R., Lawrence Hospital, Boston, Mass.  
Manchester, Thomas, Kent County Hosp., Warwick, R. I.  
Marble, Warren E., Danbury Hosp., Danbury, Conn.  
McCarthy, Chester K., Marlboro Hospital, Marlboro, Mass.  
Miller, John J., Waltham Hosp., Waltham, Mass.  
Moore, Herbert M., VA Area Medical Office, Boston, Mass.  
Orr, William H., Westerly Hosp., Westerly, R. I.  
Plunkett, Ralph A., Boston City Hosp., Boston, Mass.  
Ringuette, Hormidas, Mercy Hosp., Woosonocket, R. I.  
Rock, J. L., Butler Hospital, Farmington, Conn.  
Rogers, Maurice, Winchester Hosp., Winchester, Mass.  
Saltisbury, Lloyd, Hospital Assoc. of R. I., Providence, R. I.  
Sarnow, P. E., Veterans Adm. Center, Togus, Me.  
Sha, J., Soldiers Home, Chelsea, Mass.  
Shea, Martin C., Newport Hosp., Newport, R. I.  
Stitlorge, George, Peter Bent Brigham Hosp., Boston, Mass.  
Stockwell, Richard F., V. A. Hosp., Providence, R. I.  
Story, Henry W., Our Lady of Fatima Hosp., Prov., R. I.  
Tower, Frank, Milford Hosp., Milford, Conn.  
Tremblay, Henry W., R. I. Hosp., Providence, R. I.  
Varney, Clifford, Porter Hospital, Inc., Middlebury, Vt.  
Veccchione, Angelo, Cushing Hosp., Framingham, Mass.  
Wessell, John, Beth Israel Hosp., Boston, Mass.  
Whitney, Melvin J., Elliston Community Hosp., Keene, N. H.  