Gerald A. Weidemier Leaves AHA

Gerry Weidemier, one of the finest friends of the hospital engineers in this country, has taken a position with the firm of A. T. Kearney and Company, Management Consultants of Chicago, Illinois. Gerry Weidemier, long known for the excellent programs and Engineer’s Newsletters of the American Hospital Association, will be missed by all who know him personally and by those who received benefit through his many efforts, but never had the pleasure of meeting him.

Gerry never missed a point, and if you were to ask a question, he would answer it, or if more information were needed, he would write an answer in letter form. He has always been an excellent, thoughtful correspondent with a very deep insight in the hospital business and especially in the engineering and maintenance aspects. We wish Gerry well in his new position.

Joseph Degen
Research Chairman

A very busy past president, Joe Degen, called treasurer Gerry Gardner during the last planning committee meeting held May 2, 1962, at Beth Israel Hospital, and sent his apologies for not being able to attend, but strongly urged that consideration be given to the establishment of a Research Committee. The committee acted swiftly, and within the hour a Research Committee had been established, and a very busy past president now stands at its helm.

Welcome Aboard

We are pleased to announce the following named men have joined the New England Hospital Engineers Society.

J. W. Feeley
Plant Engineer
Backus Memorial Hospital
Norwich, Connecticut

John Gamalowski
Chief Engineer
Plunkett Memorial Hospital
Adams, Massachusetts

Carl Kallgren
Chief Engineer & Purchasing Agent
Charlotte Hungerford Hospital
Torrington, Connecticut

Edward McCormack
Fire Chief
Cushing Hospital
Framingham, Massachusetts

Lee Orkins
Plant Engineer
Norwalk Hospital
Norwalk, Connecticut

Edward W. Ridgway
Resident Engineer
Veterans Administration Hospital
Newington 11, Connecticut

Fred E. Skaling
Chief Engineer
Gardiner General Hospital
Gardiner, Maine

Know Your President

Our new president of the New England Hospital Engineers Society is an ambitious and progressive man. Ed is genuinely interested in education. As many of you probably know, he was the man responsible for organizing a course for the Engineers’ Section of the Hospital Association of Rhode Island, Extension Division. His own educational background consists of:

- Petersons School of Steam Engineering
- Teacher Training Course — Mass. Dept. of Education
- Youngstown University—Youngstown, Ohio (Bachelor of Engineering Degree, Mechanical Engineering)
- Brown University — Graduate School

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Central Connecticut Site of Fall Meeting

Southern New England and Central Connecticut men should be happy with the Hartford area choice. The middle of November will be the approximate date. More information in the next newsletter.
NEW ENGLAND HOSPITAL ENGINEERS SOCIETY ELECTS OFFICERS DURING NEW ENGLAND HOSPITAL ASSEMBLY

President:
EDWIN W. CHAFFEE
Administrative Engineer
R. I. Hospital
Providence, R.I.

Vice President:
WILLIAM T. HARNEY
Plant Engineer
St. Vincent's Hospital

Treasurer:
VINCENT F. GARDNER
Administrative Engineer
Beth Israel Hospital
Boston, Mass.

Secretary
LOUIS B. ELY, JR.
Chief Engineer
Mary Hitchcock Memorial Hospital
Hanover, New Hampshire

STATE REPRESENTATIVES

Connecticut
WARREN E. MARBLE
Maine
WINSLOW HARRIS
Massachusetts
ALTON ROUSE
New Hampshire
RICHARD HERSEY
Rhode Island
THOMAS MANCHESTER
Vermont
ORRIN LAMBERT

HOSPITAL ASSOCIATION OF RHODE ISLAND ELECTS NEW OFFICERS OF ENGINEERS SECTION

Chairman:
LEONARD HAYWARD
Roger Williams General Hospital
Providence, Rhode Island

Vice-Chairman:
JAMES CLACHRIE
South County Hospital
Wakerfield, Rhode Island

Educational Committee
Chairman:
EDWIN CHAFFEE
Rhode Island Hospital
Providence, Rhode Island

Committee Members:
RICHARD STOCKWELL
Veterans Administration Hospital
Providence, Rhode Island

HENRY W. STORY
Our Lady of Fatima Hospital
Providence, Rhode Island

Pointing the Way To the Future

For the past several years, I have experienced the distinct feeling that the technological advances in the health field have run head and shoulders ahead of the general operating and planning of the hospital business. You can walk through new hospital after new hospital and admire the new brick and mortar, or all the fancy new equipment which is of advanced design, and operates very well, but what about the business as a business? Is it advancing and taking a cue from industry, or is it carrying greater burdens in the same old way — enclosed in a new shell, but the same old turtle?

Those of us who were fortunate enough to hear, and later be privileged to talk with, a very fascinating speaker and personality in one Gordon Friesen, of Gordon Friesen Associates, Washington, D.C., were treated to one of the best insights into future hospitals. Mr. Friesen's background is as colorful as the vest he wears, and the gestures used when teaching and preaching “The Gospel According to Friesen” are real entertainment. He has been in hospital administration for nearly twenty-five years, not to mention having cashiered in a bank in Saskatoon, Saskatchewan, and ranked as a squadron leader with the Royal Canadian Air Force and as Military Governor in Kreis Brilon, Germany, and as lecturer to many universities. He holds memberships in a great many organizations associated with the health field.

The words, “Form must follow function,” “Automation in hospitals” “Put supplies where the patients are,” “Automatic vertical conveyors in supply core have automatic ejecting devices,” “Pneumatic tube system to carry wide variety of items,” “Separate chutes for soiled linen in disposable or dissolvable plastic bags,” “Two-way voice communication with nursing service area to coordinate supplies and distribution with dispatcher,” “Patient call system with under-pillow speaker, remote controls for radio, television speakers,” “Audio-visual input register, two-way voice communication with message centre,” “The complement system of supplies for each 24-hour period based on patient diagnosis,” “Sixty bed or larger patient care bed units utilizing team nursing concepts for each 15, 30 or 60 patients according to time of day,” represent the philosophy of Mr. Friesen.

One might feel this approach is too radical, and conditions might become untenable if Mr. Friesen were to be brought into contact with administrators and architects. However, this is not the case. I find this man has been very well accepted.

Where does the engineer fit into this picture? We know hospitals are costing as much as $28.00 per square foot to build, and half of this cost is in mechanicals, and in order to reduce costs, more mechanicals will be needed to cut down the ratio of employees to patients, which now runs roughly 2.5 to 1. But, with automation, this ratio can be cut, and at the same time not necessarily run the first cost up too high. “What if it fails? — or we never did it that way before!” This is the frequent hue and cry that arises each time something relatively new appears on the horizon.

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NEHES Goes IBM

Utilizing the combined machine facilities of Mary Hitchcock Memorial Hospital and Dartmouth College, the New England Hospital Engineers Society now uses a master deck of cards which contains the membership by name, hospital, size, type and control. This system will eventually contain enough information to actually tell a complete story about any one member or group. The information contained to date has been obtained from N.E. H.E.S. records and the A.H.A. Guide Issue. More data will be obtained from future questionnaires.

In Memoriam

George L. Alcock
1908 — 1962
Know Your President

From Page 1

Boston University — Course in Hospital Administration
Cornell University — Course in Hospital Administration
University of Rhode Island — Graduate School of Business

Ed spent five years in the navy during World War II and served on combat type vessels, ranging from an Aircraft Carrier to a Destroyer and a Submarine. All duties served were in engineering departments aboard the various vessels.

He has been Administrative Engineer at the Rhode Island Hospital since June of ’58. Prior to that he was Plant Engineer at St. Elizabeth Hospital in Youngstown, Ohio. Ed is no stranger to the Boston area — worked at Mass. Memorial Hospitals from Jan. ’53 to Jan. ’55 as Assistant Plant Supt., and before that worked for the Metropolitan Transit Authority from Jan. ’51 to Jan. ’53.

Ed was born in Boston, Mass., on April 18, 1923; he is married and the father of four handsome boys.

He is a registered Professional Engineer in Rhode Island and Pennsylvania. Member of: The American Society of Mechanical Engineers, National Society of Professional Engineers, Providence Engineering Society, American Hospital Association, Vice chairman of Engineers — Personal Membership Dept. A.H.A., Charter member of International Maintenance Institute, Charter member A.H.A. Personal Membership Dept. of Hospital Engineers, past Chairman Engineers’ Section, Hospital Association of Rhode Island, Treasurer — Harrington Toastmaster 2404.

Squeezed in between all the other activities, Ed plays an occasional game of golf and in his spare time works on his boat.

If you wanted to call Ed a demanding person, you might, only if it concerned work assigned, sincerity and honesty in dealing with his profession, while representing his hospital. Perhaps all Hospital Engineers should be demanding in this same light.

NEHES Goals
For 1962

This is a young society with very few traditions or a permanent home, but each year we can see a maturing and expanding organization settling down to meeting its challenges and demanding more of its officers and members. Last year a Publications Committee was formed with the purpose of accomplishing two (2) things. The first was to make an outline-type procedural manual which could be distributed to the membership to be used as a combination guide and nucleus for nearly any type or size hospital. This would save a great deal of time and effort and would be of real service to a great many hospitals.

The second publication was the establishment of an engineers handbook which was to include simple formulas and tables, properly catalogued so that any engineer in the hospital field, regardless of training or background, could find what he wanted to know.

President Edwin Chaffee requested the Planning Committee choose a project for 1962 and work it out to a proper finish. On May 2, 1962, during a meeting held in Boston, the committee voted to adopt the procedural manual project as the main task of the year.

Local Engineering Group Does Well

William O'Neill, Secretary-Treasurer of the South Shore Hospital Plant Engineers Club, was kind enough to give us an evaluation of the accomplishments of a local group. Starting with a simple set of By-Laws, monthly meetings, and a limited membership in 1955, it has grown into an eleven hospital club. The mutual exchange of information is carried out well since they meet often and in a different hospital each time. The opportunity to know and understand the facilities of the other member hospitals, gives each engineer a broader picture and better understanding with which to compare his own operations. Attendance and real interest run high, and since it is a local affair, the travel time seldom exceeds an hour. Some interesting programs are planned. Other groups are invited to attend. The South Shore Club annually entertains the wives of all the members at a banquet which lends a pleasant social aspect, and gives the wives an opportunity to gain a better insight into the profession of their husbands.

If you are not a member of a local group, join one. If there isn’t one in your area, organize one, and if you want to know how to do it, just write to:

WILLIAM O'NEILL
Secretary-Treasurer
South Shore Hospital Plant Engineer’s Club
South Shore Hospital
South Weymouth 90, Massachusetts

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.

L. B. Ely, Jr.
Editor
Mary Hitchcock Memorial Hospital
Hanover, New Hampshire
TRAINING FUTURE HOSPITAL ENGINEERS

Herbert D. Klein
Plant Superintendent
Massachusetts Memorial Hospitals
Boston, Massachusetts

I have always wondered a little about the term "Teaching Hospitals." Whom do they teach—doctors, nurses, therapists, dietitians—what about the Engineer? He is an important cog in the wheel. I am a mere neophyte in Hospital Engineering, having spent 6 years in Industry prior to 11 years in my present job; however, this work has so infected me that I feel that others should be so infected. When I say others, I don't mean to impose myself upon those disinterested in this type of work.

Plant engineering, as we know it, and as industries know it, is not taught in technological institutions. Yes, you may be exposed to power plants, plans, structures, etc., but not real down-to-earth Hospital Engineering. About 9 or 10 years ago, I sold the training idea to my Administrator, a most able and understanding man.

The plan was to hire an assistant, not as a "flunkie" who would remain such for years to come, but one who would know all our problems, help me plan our program, follow through and inspect the products of departmental work, participate as an equal member at my weekly meetings with the Chief Engineer and Chief of Maintenance and sit down with other department heads as an advisor in formulating departmental changes and design of new and specialized equipment.

This man was not expected to remain with us for much more than two years, but was encouraged to leave our bed and board for greener pastures—to run his own show with our blessings and any aid that we could possibly supply to him. During this on-the-job training, his questions were answered to the best of our ability. He saw interesting mistakes first-hand and was expected to learn from them as we hoped to benefit. Our files, plans, techniques, etc., were available to him and during his stay he was expected to improve the aforementioned and, may I say, of the four gentlemen who have been part of this program, I feel, in all cases, that our Hospital has really benefited on an equal basis to what the man has learned.

Our gentleman planned 30 plus projects which were carried to fruition, as well as catalogued a stockroom of about 7,000 items. The present incumbent has produced about a hundred plans of gadgets to projects including complete renovation of large nursing units.

Our major problem with a program such as ours is how one teaches the mechanics to serve two masters so that the Engineer training on the job gets necessary supervisory experience. The answer is, you don't. About four years ago we instituted the delegation of authority and responsibility to this man of the elevator operator staff. He can't make too many mistakes—he learns scheduling and the problems of dealing with people who need direction.

The selection of the Hospital Engineer aspirant is a real screening job and justifies deliberation and careful judgment. He should have been exposed and disposed towards engineering whether he was once a mechanic, a draftsman, or, yes, even an engineering graduate, although that is not a necessary prerequisite. He certainly must be personable, neat, enthusiastic, and sincere about his goals. These characteristics are not impossible to detect, and I assure you that several short interviews containing leading questions will bring them to the surface. Don't waste your time on a groucher or one with a chip on his shoulder. We are a service department and as such, the need only justifies our existence. We therefore must remember that most of our work is someone else's complaint which must be handled expeditiously and cheerfully. You will notice that I do not mention age nor do I intend to, although, this person must be physically able to handle the job.

The salary again was an item for real consideration, but you must remember that this person is to be quite productive and as a result, we pay adequately for this position. We feel that the returns we have received match or exceed the cost in value so that in essence, this program is really self-supporting.

I feel so strongly about our future Hospital Engineer problem, that I think it is in order for all of us to do a little self-examination. Should we take the fruits of our experience to the grave or shouldn't we all be a little magnanimous and pass what we have learned on to others without having it pried from us. Our jobs are becoming more complicated daily, and I feel that it is our responsibility to help those who will follow.

Pointing the Way To the Future

(Continued From Page 2)

If it fails, fix it. Give constant preventive maintenance, employ qualified men who are cognizant of the problems which may arise. Have emergency maintenance and spare parts listed in the files. Have the recommended spare parts on hand and catalogued on inventory sheets. Power failure and boiler casualties are far greater a hazard to a hospital than the failure of one elevator, conveyor, intercom, or tube system. Have you ever noted the exact amount of time a unit has been out of service, due to breakdown? It isn't actually long, even in the most troublesome systems. They may be down for cleaning, lubricating and preventive maintenance, but this is scheduled so as not to conflict with the daily functions. This type of automatization will not necessarily be too complex, but you will see a great deal more equipment in use, and hospital personnel will depend on it more, since there will be less personnel.

Mr. Friesen is not working miracles. He is successfully using automatic equipment and other labor saving devices to give better patient care at a lesser cost and at the same time, give the patient a more desirable set of surroundings during an illness. The engineers who have been fortunate enough to hold a position in a Friesen planned hospital not only adhere to the "Gospel According to Friesen", but have actually become disciples.

—The Editor