FROM THE PRESIDENT

I wish to extend to you my fellow Hospital Engineers a cordial invitation to meet at the Colony Motor Hotel on Route 1A in Cranston, Rhode Island on November 14 and 15. A copy of the planned program appears in this issue and it reflects the sincere efforts of the program committee to present topics of general interest and educational value to the Hospital Engineer.

As hospitals continue to expand so too, does the responsibilities of its Supervisors, and one department head that is most deeply affected is you, the Hospital Engineer.

If, today your hospital was confronted with the selection of your replacement I am sure the Administrator would set up a job description for an engineer that only a college graduate with a degree could qualify. In many hospitals the Board of Trustees join with the Administrator, when considering an applicant for the position of hospital Engineer. Advancement of engineers from positions in small hospitals to larger ones is not predicated on who you know but what you know.

Membership in the New England Hospital Engineering Society or any engineering group and attendance at engineering programs indicate a desire on your part to improve your skills.

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FALL MEETING

It is not too late to make plans to attend the Fall Meeting. Successful meetings just do not happen. It takes planning. Many hours are necessary to produce and screen the thought of the planning board.

The location is a matter of great importance. Your committee tries to select a location that is convenient to the greatest number and still not be a hardship to those who will have to travel a distance. The choice of speakers is another matter of concern. It is necessary to get a man of force with a message of fact pertaining directly to our particular industry or associated closely with it for little or no cost, and believe it or not, that creates a problem.

It is common knowledge that more than half of those present at a meeting planned around hospital engineering or any other profession, are reluctant to ask questions. The question asked usually brings an answer or provokes another question which proves to be more interesting and helpful than the speaker himself.

This simple hint gave birth to the idea of the Night Before Bull Session. It has been proven that a great deal of good comes from this Bull Session. The fellows let their hair down and really talk. Try to make it the night before.

Remember, the location is waiting, the program is ready, the time is right. Your attendance will make this meeting a success.

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Hospital Engineers Has Come

Let's go back about thirty years in hospital administration. The man who is now known as "Plant Engineer" was at that time a darned good janitor. But that was thirty years ago. The advance in surgical skill, medical knowledge, population growth, radiological development, therapeutic increase, longevity of life, lower mortality rate at birth, have all been contributing factors in the tremendous growth of the hospital industry.

The position once filled by a janitor now calls for a man, not a specialist in any one field, but well-skilled in many. He is not only burdened with the problems of the most skilled surgeon, but also with the one much lower down the scale, the one who keeps the hospital clean and everyone in between.

At some stage of the game, he must be able to express his theories and his knowledge of Building Design, Construction Methods and materials used. He must have at his fingertips a vast amount of knowledge of hundreds of items, where they are to come from, a fair idea of cost; competitive products, which one is better; or why we should use a particular product and not another.

The proper choice of material can mean the difference between many years of carefree service and many early repair bills and in some cases, loss of income.

The proper size and location of pipes, duct work equipment and apparatus can mean the difference between high and low maintenance cost and the possibility of growth and expansion without costly replacement of their life-lines of our plant. An increase of one size in conduit and two sizes in riser conductor at the time of building cost only a fraction of what it will cost five years from now. A variable speed motor on exhaust and ventilating systems can also pay off at a later date.

The interviewing of a company representative is a troublesome task, although one not to be neglected. Many times it is from this salesman that we receive our first knowledge of new materials or products, and in some cases, new applications of old ones.

The Plant Engineer is a busy fellow but often times it is to his advantage to take time to listen to this man with something to sell. This necessary evil is responsible for the development of a complete catalog of arts, parts and points of the mysteries of Hospital Engineering. It really is not too difficult to limit an interview in a courteous manner.

Another frightening thought if you just think back to last November and the paper that Herb Klein gave down at the Grantmoor. Herb gave us a pretty good picture of what is happening in the hospital field electronically. Thirty years ago, we gave a patient an electric light and an electric outlet. Today, it is possible that we can be performing as many as eight different functions electrically or electronically.

Years ago, a patient was admitted to a hospital with one of a few well known diseases or ailments. Today, with a vast increase in the knowledge of the human body, the break through in medical science, surgical skill and new diagnostic methods, are bringing to our hospitals thousands of patients in the upper age bracket who would have passed on at middle age. What does this mean to the position once filled by a janitor now the Plant Engineer?

It has become necessary that a Hospital Plant Engineer have a sufficient knowledge of patient-care to enable him to work effectively with all the departments connected with that patient from the ambulance entrance to the filing of the records.

Let's go back to the janitor of thirty years ago and look at the staff he had to work with. His crew was comprised mostly of alcoholics, men below par in intelligence, and in some cases, men incapacitated in more ways than one.

Take the painter for instance. He did not know of such things as color harmony or color dynamics. All he had to know was how to mix a good grey and who made the best white, the cost of a good sponge, and who sold them. Now look at your own paint department. Time has made many changes. Thirty years ago, if anyone told you that we would be spraying patient rooms, it would have been hard to believe. It is now being done effectively and economically by many hospitals. But let's face it, the painting job done thirty years ago, most likely by unskilled labor, now calls for planning and judgment based on common sense.

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FROM THE PRESIDENT
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part to better educate yourself for the position you now hold and also prepares you for advancement, should the opportunity present itself.

Our organization is growing and if we live up to the principles upon which it was founded we can assure ourselves of continued success.

William T. Harney
President

YOUR PAST PRESIDENT
At the annual NHA meeting, your editor had a lengthy conversation with Ed Chafee. I could not help thinking of this fellow standing before me, who, at one time, had been one of my watch-engineers on a night shift.

Even at that time, ten years ago, Ed impressed one as being a man who knew where he was going. For one, who had a post such as Ed had, and to cut off at his level and go back to pursue a course that he knew he wanted, took a great deal of determination as well as the sacrifice and the additional responsibilities of wife and family. I am sure that when Ed reaches his ultimate goal, we will all know that he EARNED it.

LEST WE FORGET
(Continued from Page
attendance of the Planning Committee, all of the necessary correspondence, the collecting of dues, the minutes of the meetings, the mailings, and the constant concern of all the details connected with the successful function of the organization.

And then again, the President of any society, such as ours, is very apt to lean rather heavily on the secretary.

You might say that without a good secretary, a President might only be a Vice-President.

So let's give a salute to Secretary, Warren Marble.

* * *

It would not be out of order in the least to invite a friend who holds a qualifying position to become a member of our society. I am sure that he would benefit a great deal and you would be doing him a service. You might gain a traveling companion to and from the meeting.

THE ENGINEER'S BOOK SHELF
No doubt, at some time or other, we are confronted with the problem of procurement. The replacement of a part, portion, or the whole, many times provokes the following: who makes it, where are they, and how do I get it?

For those who have not heard of the Thomas Register, this is one set of books which would fit nicely along side of your Sweet's Catalog, (if you are lucky to have one). The Thomas Register consists of four books. The two largest lists nearly every product manufactured in the United States. The third, but smaller volume, lists all of the manufacturers of their products. The fourth and smallest volume, proves to be the most valuable. This is a confidential listing of all of the administrative officers of the company. This is the group who has the real know-how and is invested with the power to make decisions and take action, which makes the difference between a quick delivery and costly delay.

This Register can be acquired at no cost from your friends in industry. You will have to be satisfied with an old model, but I am sure this will work wonders for you.

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.

ALTON I. ROUSE
Editor
New England Baptist Hospital
Boston (Roxbury 20), Massachusetts
HOSPITAL ENGINEER
HOW COME?

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Let's follow the patient from the ambulance entrance and see how many times you, as Plant Engineer, are involved.

The Ambulance Entrance: Is the approach clean? Is the light working if needed? Does the lock-set work freely? Is the door holder or closer working properly? Is there a signal bell there, and is it working?

The Stretcher: Is it yours? If so, are the straps in good order, the wheels properly tired and working freely?

The Elevator: If used, does it level at the floor, is it well-lighted and clean in appearance? When was the last safety test? Is the certificate posted and is it effective?

The Emergency Ward or Receiving Room: Any gases needed here? Are they piped? If so, are all the valves in good order? Any frayed hoses? Any sticky doors on cabinets?

Perhaps we skip the Emergency Room and go directly to a patient's room. How about the bed—electric or manual? Is it in good order? How about the bed linen? Do you have your own laundry? If so, do you take all precautions in controlled bacteria? Is the linen pleasing to sight, soft to the touch and was it properly dried in the laundry? Wet steam, you know, can be responsible for turning out linen with a clammy feeling.

How about the room now. Is it in good shape? Any moisture coming through the wall? How about the furniture. Does it need painting? Do you use wall covering? If so, any loose corners? Any loose or worn tile on the floor?

It is now near 5 o'clock and this patient is going to eat Spinach tonight, boiled potato and baked ham. Are the steam cookers working properly. Food truck is fixed for 4 Main. The plugs are O.K., there is a new tire on the front wheel.

9:40 P.M. How about the toilet seat, cracked or worn? The flushometer, does it shut off tightly? Do you think the motor that was replaced will be quiet, or the tank valve seat properly?

7 A.M., next morning, X-ray Study: Circuits O.K., tables in good working order and has that foot rest been fixed? Films taken, now how about the developing units. Almost everyone now has automatic developing units. Is everything drying properly?

No bulbs missing in the viewing cabinets. How about the stereoscope. Does that rock any more? The air-conditioner seems O.K. since we changed the filter.

So back to the room to watch television which has now practically been accepted as sort of a therapy, but to you, as Plant Engineer, another responsibility. Is it safely supported by a bracket or does it rest safely on a shelf?

10 P.M. Any dripping faucets to annoy the patient. Can you shut off the radiator tightly? Any noisy equipment to disturb his sleep?

Next morning to surgery and herein lie some problems. How about the isolated electric system. When was the last test for conductivity, were the readings satisfactory and is the record filed for reference? Have proper storage facilities been provided for gases? Is the humidity properly controlled. O. R. Kit—proper function of sterilizers is your responsibility indirectly along with distilled water, instrument washers and sterilizers. The major surgical light and the O. R. table—any photography in the case and has everything been checked out?

Now to the recovery room. Conductive floor suction and oxygen outlets, portable suction pacemakers, sterilizers, multiple electric outlets, stretchers and many other items of equipment too numerous to mention. About the only thing in that room that you are not directly responsible for is the patient himself.

And so it goes, wherever you place a patient in any part of the hospital, there is not a single area that does not present a responsibility to the Plant Engineer. I hardly believe that anyone would seek a livelihood as Hospital Plant Engineer unless:

1. He has conceived a favorable impression of the institution, which comprises the fifth largest industry in the U. S.

2. A desire for knowledge of one of the most interesting professions I know of.

3. A sincere desire to be serviceable to mankind.

Alton L. Rouse,
Plant Engineer

New England Baptist Hospital