HAS MONITREND

The technical complexity of today's hospital building and equipment is increasing at an unprecedented rate. In order to properly manage our complex plants, we need extensive education, experience, and skill. One of the skills that we frequently overlook is that of financial management. You're probably thinking, that's not my job, our controller does that. Actually, you, as a manager of plant engineering, are the only one who can manage the cost of providing your hospital's plant services. Typically, the plant operations and maintenance cost in a hospital today represents six to seven percent of the total hospital operating expense. Even in a small hospital, that is a lot of money.

A good plant manager is concerned with the expense dollars and manhours that his department utilizes to provide plant services. In order to properly evaluate them, he must have reliable cost information. In most of our hospitals, this information is available to us through the Hospital Administrative Services (HAS) Monitrend report.

Hospital Administrative Services is a department of the American Hospital Association. HAS prepares and publishes a monthly financial report called Monitrend. The Monitrend report permits hospital managers to evaluate their organization in terms of revenue and expense, manpower utilization and productivity in various departments. This information provides an opportunity to review the operation over a period of time and to make comparisons with other hospitals. The source of the Monitrend information is data which is submitted each month by participating institutions. Each hospital has a person(s) who gathers the data and submits it to HAS. This person is usually in the controller's office or business office. Two types of information are submitted. The first is financial (revenue and expense) which is obtained from accounting department records (general ledger, payroll records, etc.). The second is statistics. These come from various departments in the hospital (Nursing Service, Radiology, etc.). HAS takes the information which is submitted by participating hospitals and uses it to prepare a monthly report for each hospital. The report is usually directed to one chief executive officer or administrator. The size of the report is

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ENERGY CONSUMPTION

The Massachusetts Hospital Association hosted an introductory meeting to present the work of the Hospital Association of New York State (HANYs) which has undertaken a research project to evaluate the health care industry as a unique energy consumer. Not only has this research determined that energy consumption cannot be compared between hospitals, but that the environment is which an engineer works can be quantified on an individual hospital basis. This can be achieved by use of HANYs Hospital Energy Targeting Formula, an energy management tool to be used by Chief Executive Officers and hospital engineers. The formula gives the director of engineering the ability to calculate an energy consumption range, in terms of btu/sq. ft., for his/her facility. The energy consumption range is a standard by which an engineer can evaluate his environment and the impact of energy conservation upon it. The focus of this seminar was to introduce the Hospital Energy Targeting Formula as a management tool. Participants were taken through the development of this formula and specific case studies, but more importantly, were educated in the application and use of the targeting formula as a management tool. A User's Manual was distributed so that each participant would be able to calculate an energy consumption range for his/her facility. The workshop seminar was designed so the participants would be able to implement the Hospital Energy Targeting Formula as part of their energy management programs.

HANYs asked that the participants please report back to the HANYs staff on the effectiveness of the formula within their institution. After completing the formula's calculations, I...

MEMBERSHIP

Dave Hathaway, as membership chairman, reported at the annual meeting that one of the best ways to bring in new members is to keep the NEHES membership chairman and the state representatives aware of potential members. A recent interpretation of our Bylaws established that membership eligibility in the NEHES requires facilities to have at least six (6) inpatient beds. This includes Hospitals, Convalescent facilities, Rest Homes, and Homes for the Aged. Pharmacy services, diagnostic services, and operating room services are not required.

Persons employed by health care facilities who have supervisory responsibility for engineering, maintenance, and related disciplines are eligible for membership. Profit or not for profit is not a consideration.

"Sales representatives" and persons employed by "service contractors" it has been ruled, are not eligible for membership.

Membership by percentage of state listed hospitals in NEHES — of a total 404 listed, 56% are members. Although a small number have more than one member in our organization, too many are not represented at all.

One possible solution proposed by Dick Popham is that of institutional memberships.

Briefly, an institutional membership would carry the name of the institution and would identify those institutional staff members who are eligible for individual membership but will participate in the societies various activities as institutional members. The cost of the membership would be proportional to the number of individual staff members who would participate. An institutional membership would carry only one vote and allow only one designated institutional staff member to participate in society business or offices.

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Perspectives on GROWTH

I am what I am because I choose it so! Whether you believe this or not, it is a fact. Therefore, your present position and your future are of your own choosing and no amount of rationalizing can change the situation. The only changes available are within yourself and the attitude which you bring to the work place. As you read this, you already know of what I write, change is all about us and we are in the middle.

Change and adjustment to change is a condition we live with every day, yet, as applied to our own growth it is often neglected because of the pressures of the job. However, we must change and grow to best perform the tasks that we have chosen. Unfortunately, a number of our people have not addressed this situation and, for one or another reason, have rejected (possibly unknowingly) the avenues of growth and as a result work in comparative isolation.

It is in comparative isolation that we have attempted to address, in these few articles, through the Newsletter, for a fact, to many in our Society, the Newsletter is the Society. The message has been simple: grow in your position by continued education in the accepted academic sphere and in the participation in your Hospital Engineering Societies. A few comments may make the point.

a. Growth requires a favorable environment. A structure that allows reasonable upward mobility based upon performance and merit is more conducive to growth than a rigid structure that puts a premium on the station of one's education. Accept it or not, the structure within which we function is the latter.

b. Skills acquired in youth become obsolete. The growth and the resultant complexity of our plants and equipment has resulted in more pressure today to "keep current", and to "update" one's skills. Fail to do so and you may be demoted or even out of a job. The resultant pressure creates anxiety and a sense of insecurity.

This is our situation, we choose to be involved, recognize it, examine it, develop your short and long range plans, select your options, implement a program of continued growth and start now. Prove that you are the best person for the job now and in the future.

DONALD KOHLER
Bridgeport Hospital

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LIGHTING

Eighty-four years ago, the great inventor, Thomas Edison, publicly announced his triumphant discovery of electric illumination. Since that time, scientists have been reworking that discovery in every conceivable way to make it cheaper, brighter, safer, longer lasting, sturdier, and more.

Continuing in that same tradition is the following notes from Connecticut where the emphasis has been on energy conservation.

When it comes to saving energy, better can be cheaper.

That's what the University of Connecticut Health Center has proved in upgrading the lighting in its Lyman Maynard Stone Library.

The project gave the library five times the light it had before, reduced the wattage by more than 70 percent, cost $12,000 and is expected to save $9,000 a year in electricity, meaning a payback period of 1.3 years.

It involved permanently turning off 150 recessed incandescent ceiling lights and replacing them with 10 metal halide and high-pressure sodium fixtures.

The old ceiling lights used a total of 22,500 watts and gave out 10 to 15 footcandles. The new lights use 6,500 watts and produce 50 to 70 footcandles.

In addition, the new lights are all on a timer, rather than on switches. They automatically turn on half an hour before the first library staffers arrive in the morning and turn off half an hour after the last leave at night.

They also have a life of five years, compared to 90 days for the old incandescent bulbs. This means a further savings in labor needed to replace the bulbs high in the library's two-story-high building.

The energy-saving project was initiated by Ralph Arcari, library director and head of the Health Center's energy management committee, and Richard Popham, director of facilities management and operations.

The job was done by J.L. Murdock & Co. of Bristol, which won the job through competitive bidding. The design work was handled by the Health Center's project management and design group.

Funding came from the state's Quick Fix Energy Conservation Program.

Ivor Robinson of the University of Connecticut submitted as Richard Popham.
HAS MONITREND
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may at first alarm you (it contains 28 pages). The report contains data for every department in the hospital and as a result, is rather voluminous. It contains six major sections. The section that contains data of interest to plant engineers is the Support Service Section. The Plant and Utilities data is all contained on one page and is very simple.

The following information is presented:

Plant Operations and Maintenance
Square feet per bed
Direct Expense per 1000 square feet
Salary Expense per 1000 square feet
Direct Expense as a percent of total hospital expense
Paid Hours per 1000 square feet
Utilities
Direct Expense per 1000 square feet
Direct Expense as a percent of total hospital expense

This report can be a very good tool for you as plant manager to use in evaluating your department's performance. If you are not using it now, I urge you to arrange to receive it each month and to start becoming familiar with it.

James N. Ducharme
Rutland Hospital

ENERGY CONSUMPTION
(Continued from page 1)
found that Lawrence Memorial Hospital was within 4% of the hospital's projected target.

HANSYS is continuing their research in this unique approach to energy management and will keep the New England Hospital Engineer's Society, Inc. informed on the outcome.

Those NEHES members interested in getting more information including a User's Manual may contact Ms. Deborah L. Nippes or Mr. Gilliat S. Burnham at (518) 458-7940.

DAVE HATHAWAY
Lawrence Memorial Hospital

NOTES FROM THE EDITOR

- Our recently concluded Annual Meeting in Burlington, Vermont earned a "10" rating by those able to attend. The program ran smoothly with key sessions on Waste Material and Time Management. I learned that the solution to success is to "work smarter, not harder". The foliage and weather couldn't have been better for our visit to the Granite State. Thanks to Chairman, Jim Bernard and Jim Ducharme, for their efforts.

- A long sought after tax exempt status has finally been granted to the NEHES organization. Amongst other benefits, this action will give our own treasury a little boost.

- NFPA has reached the decision to consolidate several standards pertaining to health care facilities into one document. Although this will not be completed for some time, we can look forward to considerable reduction in the conflicting guide lines of our over regulated field.

- For fastest results, job openings and members in search of them should deal directly with the NEHES President.

- A letter sent out by AHA dated July 1981 on telephone communications, announces a ruling by the FCC to deregulate the telephone industry. The impact of this action will effect cost, equipment, and contracts of hospital telephone systems. The ruling will go into effect March 1, 1982.

- Helium filled balloons in clusters, called Balloon-o-grams delivered to patients is coming under fire by Safety Committees in many hospitals. Although no serious accidents have been reported, several valid reasons for restricting their use have been discussed.

MEMBERSHIP NEWS

Congratulations go out to Owen O. Turner, a member of long standing, who has recently been appointed Assistant Director of Engineering Services and Assistant Plant Engineer at Brigham and Women's Hospital in Boston.

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Engineer
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It is with great sorrow that we report the recent passing of Robert Marshall. Robert was Director of Maintenance at Mass. Eye & Ear Infirmary in Boston.

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