FSSES PROGRAM AT FALL SEMINAR WELL RECEIVED

The 70 engineers who attended were highly pleased with Bob Bartels lecture. His firm of Camplin, Bartels, Erickson & Associates of Chicago trains JCAH facility inspectors and conducts the FSSES seminar for ASHE/AHA. As you note Doug Erickson has joined this firm and has been replaced by Ode Kiel the new JCAH Director of Environmental Standards.

We received a thorough review of the Life Safety Code in the process, because that is necessary to properly complete the FSSES forms. We learned that the JCAH Statements of Construction forms are being changed. The new forms will be out Jan. 1, 1983 and as of that date the federal government will only accept the 1981 Life Safety Code. If one is applying for a FSSES waiver it will be less restrictive if you get it in before Jan. 1, 1983 because you can apply using earlier codes. Mr. Bartels pointed out that the 1981 Code 101 has a few more areas of concern than usual and in his opinion the same. One of the more restrictive areas is that laundry chutes will require sprinkler heads in the chute on every other floor.

The FSSES submission requires a lot of paper but first a thorough and honest review of your Life Safety Code violations and those safety features you do have. This narrative summary is the basis of later work and should not be submitted with the FSSES application. An engineer who submits the FSSES must have attended these FSSES programs. If not, you will need to get a registered P.E. to sign the applications.

For those waiting to know ratings on types of walls the best reference is the U.L. Handbook on Materials Construction Guide, Northbrook, IL.

The bottom line is that if you have a significant Life Safety Code violation there may be a wide range of alternate solutions costing much less money. There are four safety areas: containment; extinguishment; people movement; and general safety. There are 13 categories under these, some of which do not apply to that safety area.

The total values must equal or exceed the mandatory safety numbers and parameters for occupancy risk. By making changes in any of the 13 categories it's possible to meet an equal safety situation. It's more than a simple numbers game and has been found to be a very realistic analysis of fire safety. You should become familiar with it if only to improve your own understanding of your facility's safety and the Life Safety Code.

—DAVID B. HATHAWAY

HOSPITAL 'TAPS' NATURAL RESOURCE TO SAVE MONEY:

A water and energy saving plan initiated six months ago at University Hospital by John A. Gilbert, plumbing foreman for the Department of Plant Services, is expected to save the Hospital more than $2,500 annually. The plan centers on the use of water-flow control devices manufactured by Omni Products, Inc. The devices have been attached to most shower heads and sink faucets in laboratories and washrooms throughout the Hospital. The devices are said to restrict the flow of water (not the size of the stream) and prevent the water from being wasted. The devices are simple in design and do not require additional energy.

The devices are desirable in a hospital setting because they do not aspirate air into the water stream. Such aspiration causes water to flow in the wrong direction. The devices also provide for a buildup of bacteria and contamination of the water.

ALBERT H. JONES
PRESIDENT, NEHES

Albert H. Jones, Director of Engineering at Putnam Memorial Hospital in Bennington, Vt., since 1970, was born and raised in Bennington. Following graduation from high school, he studied electrical engineering at the University of Vermont. He then worked for five years as a Machinist Second Class in the Machinist Training Program. He entered the United States Navy in 1942, serving during World War II as a Machinist Second Class and was honored with a special commendation for repairs at sea on the USS Washington.

Returning to Vermont in 1945 after being discharged from the Navy, Albert became a part-time consultant with Ben Mont Papers Inc., a manufacturer of gift wrappings. During his tenure in the装饰 industry, he served as a Board Member of the Waterloo Branch of the National Electrical Contractors Association. He later returned to the Bennington plant in 1968 where he served as Service Manager of Manufacturing until 1970 when he joined Putnam.

As Director of Engineering, Albert not only is responsible for the operation and maintenance of Putnam's physical plant, but also acts as the hospital representative on building and renovation programs at Putnam. Currently underway is the construction of a new radiology intensive care unit, laboratory, and renovation of other areas of the hospital.

Albert has held the office of NEHES President Elect, Vice President, Treasurer and State Representative during the past 8 years. He has also served as Chairman of the Vermont Engineering Society, a Charter Member of the group which he was instrumental in organizing in 1974, and is a member of the American Hospital Association.

Albert is married to the former Helen Maguire and resides in Bennington.

A.S.H.E. NEWS

1983 Elections Are Over and the Results Are as Follows:

President-Elect: Lynn Stier; Region I-Jim Lawson; Region II-Bob Falaquera; Region IV-Dan Goolsbee; Region V-Tim Enright; Region IX-Joe Viera; Telecommunications; Toni Baych, Clinical Engineering-K.C. Rock.

Committees and Board Meetings—ASHE Committees meeting this fall are Environmental Safety, Codes and Safety, Telecommunications and Clinical Engineering.

Membership Drive—The annual membership drive is getting underway. This year, a letter is being sent to every hospital in the nation that does not have an ASHE member. The letter is being sent to the attention of the Director of Engineering and comes with a sample Technical Document, newsletter, and other materials that will show the benefits of ASHE membership. We're also sending letters to selected lists of clinical engineering and telecommunications managers.
TESTIMONIAL TO ALEXANDER J. BENDER

Past President, Alexander J. Bender (71-72) is retiring after 37 years of dedicated service to the Gaylord Hospital in Wallingford, Connecticut and several years of active service to N.E.H.E.S., C.H.E.S., and A.S.H.E.

Mr. Charles Lirot, Director of Gaylord Hospital said, ‘During Al’s tenure as Superintendent, Gaylord’s plant changed from a classic tuberculosis sanatorium to a modern rehabilitation hospital—from baling wire to computerized operation and maintenance and his high standards made Gaylord a model for patient care, safety and comfort. Also, his unswerving loyalty and devotion to duty are recognized by all who came in contact with him.’

During his long tenure in the engineering societies, he has always been very active and has generally held an office or served as chairperson or co-chairperson of many or the societies’ programs or committees.

Al is a past president of C.H.E.S. and also past president of N.E.H.E.S. He has served as Connecticut State Representative to N.E.H.E.S. and also has served three years as Connecticut State Representative to A.S.H.E. He also served as the Region No. 1 Representative to A.S.H.E. during 1976.

Presently, he is serving as co-chairman of the N.E.H.E.S. Fall Seminar and is a member of the C.H.E.S. Executive Committee. He is also chairman of the C.H.E.S. Constitution and By-Laws Committee and serves on the society’s Adult Committee.

He plans to continue in the societies as an honorary member in the future.

Al has always said that his efforts and activities in the societies were well rewarded with education, information and enjoyable meetings with his associates in the field. Along with his best wishes to his associates in the societies, he sends the following message:

‘Support your engineering societies and your rewards will exceed your efforts—DON’T JUST BELONG.’

“JUST BELONG?”

Are you an active member,
The kind that would be missed—
Or are you quite content
That your name is on the list?
Do you attend the meetings
And mingle with the flock—
Or do you stay at home,
To criticize and knock?
Do you take an active part
To help the work along—
Or are you quite well satisfied
To only “Just Belong”?
Do you ever take a stand
For things you think are right—
Or leave the work to just a few
And talk instead of fight?
Think it over member, you
Know what’s right and wrong—
Are you an active member,
Or do you “Just Belong”?

Al is an active member, the kind that will be missed. Our very best wishes to Al Bender on his retirement.

MANUFACTURERS (please note)

Realistic manufacturers understand that the hospital is a hostile environment for equipment, much like outer space or the sea. Unlike NASA or the Navy, however, hospitals invest little time and energy in training their personnel to use equipment, and physicians receive even less training in equipment use. The reason is simple: hospitals have no respite. There is no period of three decades, three months, or even three weeks in which operational requirements can be suspended and time devoted to training. Neither is there the funding to overstaff in order to secure time.

It comes as no great surprise, then, that many medical device-related injuries as well as malpractice and product liability suits are caused by operator error. Studies have demonstrated that over 50% of the performance or safety failures of general purpose clinical equipment stem from misuse rather than from production defects or intrinsic design deficiencies. The failure of equipment to operate as the user expects can also lead to the following consequences:

While penalties may result from failing to provide effective training and assistance, substantial benefits accrue to companies dedicated to effective user training. They go beyond simple averting losses. For example, training and training aids are themselves salable products; they provide continuing contact between the manufacturer and customer, and the positive quality of that contact can lead to subsequent purchases. In addition, the development of training programs and aids can contribute significantly to the image, utility, safety, longevity, and salability of a product.

In contrast, failure to devote adequate attention to user training materials at the outset typically results in the following four-ups: Storeroom managers include the monstrosities and manual that are inconsistent with the product because documentation has not paralleled changes in hardware. Users assume the manufacturer is disorganized and incompetent, and they telephone or write to clarify the discrepancy, thus demanding the manufacturer’s time and resources anyway. The operator’s manual, which was never tested by typical users before printing can’t be understood. Users wonder if the hardware was designed with the same lack of diligence and care.

Some manufacturers refuse to provide detailed maintenance manuals or schematics on the assumption that hospital personnel are not qualified to repair sophisticated equipment. There may well have been a time when it was valid to withhold detailed repair and service information from equipment purchasers for this reason, but the maintenance and repair capabilities of many hospitals have changed radically over the past decade. Today’s hospitals are very different on at least two counts. First, clinical engineers and biomedical equipment technicians have become well-trained, knowledgeable, and dedicated staff members, available around the clock at many hospitals. Second, as more medical devices are used to support critical life functions, dependence on the equipment maintenance staff has increased. If a monitor or computerized patient monitor malfunctions in the middle of the night, the option to wait until the manufacturer’s authorized service representative arrives the next afternoon is unacceptable.

Medical device manufacturers exist to make profits for their stockholders as well as to serve a public need. Those profits are likely to diminish if a manufacturer’s knowledge and expertise are not made available to those who use and maintain the products daily.

NEWS FROM THE STATES

NEW HAMPSHIRE—The New Hampshire Society of Hospital Engineers had an interesting and productive year with many interesting visits and meetings.

Some of the years highlights are:

Keith Bird of the N.H. Continuing Education Network described what they have done in the past, what they are presently doing, and plans for future workshops. Bill Shepard of the Honeywell Building Service Division explained the functions of the various energy management computers that are available.

Al Platt of the Ritchie Organization presented an excellent program on the various codes and agencies as they pertain to the health care institutions.

—STANLEY A. ADDYMAN

CONNECTICUT—The Connecticut Hospital Engineers Society annual dinner dance was held on Saturday, September 11, 1982 at the Red Bull Inn in Waterbury, Connecticut. Over thirty attendees enjoyed the good food, wine, and dancing provided through our social chairman, Mr. Tom Riccio of Newington Children’s Hospital.

The new officers were introduced and service awards were presented to Al Bender on his retirement from Gaylord Hospital after 37 years of service.

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SECOND ANNUAL SYMPOSIUM

The Second Annual Northeast Regional Symposium on Technology in Medicine was held at Windsor Locks, CT on Nov. 10, 11, 12. One hundred and thirty Clinical Engineers and Biomedical Equipment Technicians took part in sessions on Continuing Education and Professional Development. In addition, service seminars were conducted on common items of medical equipment.

The symposium is sponsored by the New England Society of Clinical Engineers, Medical Device Society, Iroquois Biomedical Society, Greater Hartford Center for Clinical Engineering Education and the Northern New England Society of Bio-Medical Technology.

Contact this editor for more information on these organizations.

RISK MANAGEMENT

"Let the seller Beware"—The lesson being taught these days on the subject of risk management is that the seller of used medical apparatus may have as much to be concerned about as the original equipment manufacturer. If legal problems arise while a second owner is using equipment, he may be required to provide safety and performance records on the past history of the suspect item. Although no case has come to our attention, this could easily bring the original owner into litigation.

As more and more hospitals purchase new systems and dispose of their older equipment, a case like this is likely to happen.

To avoid any such surprises, two courses of action are being suggested.

1. Have your legal counsel establish a sound policy to cover sale and purchase of used medical equipment.
2. Do not permit reuse of phased-out medical equipment.

(Continued from Page 2)

Massachusetts — This past year has been one of accomplishment and challenge to the hospital engineer. Hospitals are expanding and at the same time, facing Federal and State cutbacks in reimbursements. Technology advances are rapid yet they are expensive to purchase and maintain. Hospitals are being attacked for increases above and beyond the inflation rate and government is cutting back. Yet we must provide good patient care and make sure our physical plants are efficient, safe, clean, and meet the State, Local, and Federal codes. Many of us are faced with large expansion projects with little or no increase in staff.

This past year the Massachusetts State Hospital Engineers Group has re-organized, re-written the by-laws and agreed to meet on a prescribed schedule. The sub-groups of Mass Hospital Engineers meet on a regular basis and have active discussions of topics pertinent to us in the Hospital Engineering Field.

— THOMAS J. GALLIGAN

Rhode Island — The input from the Rhode Island Engineers to the Society should be strengthened. There is much to be gained in "getting involved" with Engineers from the other New England States. As indicated earlier the strength of the N.E.H.E.S. is in its size and activities on behalf of all hospitals. I would very much like to see more Rhode Island Engineers get involved in the operation of the N.E.H.E.S. by contributing articles to our newsletter as well as indicating a willingness to serve on the Board of Directors when openings do occur.

— RAYMOND A. KOWALSKI

NEW ENGLAND HOSPITAL ENGINEERS' SOCIETY

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