SHOULD YOU COMPUTERIZE YOUR HOSPITAL MAINTENANCE MANAGEMENT SYSTEM?

For the past several months I have been independently applying an Apple III computer, justified as part of an Energy Management System, to help manage various aspects of the task of running a Hospital Maintenance operation. The fact is certain that Hospital Engineering Management can benefit significantly from this technology if properly applied. The bewildering questions confronting the individual Hospital Engineer, or anyone else, desiring to take advantage of this technology include: What system should I choose? How do I make a reasonably informed decision from the myriad of different systems available and being released on almost a daily basis? Does it matter who I buy the system from? If I buy a computer today, will I regret the choice in another six months because prices have dropped or newer and better systems have been introduced and my system is now technologically obsolete?

Jim Bernard probably will not produce any miracles as a result of his project, but I can assure you, and I believe I speak from first hand experience, you will be in a much better position to make an educated decision as a result of his study’s efforts than was I year ago.

My own experience over the last several months has led me up a few blind alleys and has also produced quite a few unexpected surprises. I started out with a basic idea of what I wanted to achieve, confidence that I could achieve it, but without a clear understanding of what was really required to get there. I only had a vague understanding of what word processing was all about, for example. Is the typewriter really in danger of becoming extinct as some claim? Aren’t such systems prohibitively expensive? I think I have found the answers to a lot of questions I didn’t even know I had in the beginning and hope to be able to contribute the benefit of some of my experience to the study project and to represent you and your interests in this regard. I hope that the Spring Seminar stimulates your interest and look forward to participating in it and seeing you there.

—KEN JOHNSON

SPRING SEMINAR 1983

The 1983 Spring Seminar is to be held in the Copley Plaza Hotel, Boston, Massachusetts on March 23, 1983. It will be hosted by the Boston Plant Engineers Society. The program scheduled for the seminar will be—MICRO COMPUTERS—Mr. James H. Bernard, Director, Technical Services Program, University of Vermont, will speak on the use of Micro Computers—Look Before You Leap! Mr. Kenneth H. Johnson, Administrative Engineer, Holyoke Hospital, Holyoke, Massachusetts, will speak on Micro Computers—Applications to Hospital Plant Managers.

The registration will be from 8:00 a.m. to 9:00 a.m. followed by opening remarks by NEHES President and New England Hospital Assembly President. Following the main speakers a panel discussion will be held. An excellent luncheon will be served at 12:30 p.m. At the completion of the luncheon participants are encouraged to attend the Hospital Assembly Exhibit Hall at the John B. Hynes Veterans Auditorium.

The fee for members is $25.00 and for non-members is $30.00. Luncheon is included. The cut-off date for the seminar is March 23, 1983 so send in your registration form now. For additional information contact the Program Chairman Edward A. Chambers, Director of Facilities, Mount Auburn Hospital, 330 Mount Auburn Street, Cambridge, Massachusetts. Tel. (617) 492-3500.

—JAMES H. BERNARD
FDA MEDICAL DEVICE HAZARD REPORTING SYSTEM

The Food and Drug Administration (FDA) and the United States Pharmacopeia Convention, Inc. (USP) operates the Device Experience Network (DEN) which is an information system that collects, stores, and retrieves reports about problems with medical devices.

It has as its objectives to: 1) aid in the protection of the public health by identifying hazardous devices, industry-wide problems, and trends; 2) collect and evaluate all device experience information; and 3) provide information that may help to improve design, quality, and use of medical devices. It does this in the following ways:

1) Identifies and encourages users of medical devices to report their experiences with or observations about device related hazards, defects, and deficiencies to the FDA Medical Device and Laboratory Product Problem Reporting Program (PRP).

2) Provides up-to-date reports and analyses to FDA personnel and other interested individuals.

3) Evaluates reports and recommends investigation of the manufacturer’s facility when appropriate.

The PRP was established in 1973 and is currently FDA’s largest source of device experience information. Funded by FDA, coordinated by USP, it seeks to provide health care professionals with a “fast and efficient” method of reporting their problems and concerns with medical devices. It operates through USP-provided, postage-paid, pre-addressed reporting forms on which participants can describe and report their experiences with medical devices. Participation in the PRP is not limited to members of professional associations. Any individual in the health care field or any consumer may use the form or telephone to report device problems.

Who should do the reporting? Any organization or individual with a medical device or an in vitro diagnostic device. What should be reported? FDA encourages all individuals or organizations to report any device deficiency which results in death or injury, or which creates a hazardous condition. Also encouraged is the reporting under the PRP program, of any device-related event that may affect patient safety or treatment, which may create an actual or potential hazard.

“Each report received is an important source of information, either by itself or in conjunction with other similar reports. You are encouraged to report whenever you experience a device problem that is professionally unacceptable to you.” Typical device problems may be related to performance failures, improper labeling, incomplete, inadequate or erroneous in-factory packaging, or defective components.

To report a device problem, a person or organization can: 1) call the USP’s 24-hour toll-free telephone number, (800) 638-6725; 2) call FDA at (301) 427-8100; or 3) write to Food and Drug Administration, National Center for Devices and Radiological Health, Division of Product Surveillance, HFK-126, 8757 Georgia Ave., Silver Spring, MD 20910. USP reports that the system has received 50,000 to 60,000 reports since its inception and has a current yearly average of 6,000 drug reports and 2,000 device reports.

—JACK BERGER

PUTNAM HOSPITAL INSTALLS HEAT RECOVERY SYSTEMS

In February 1983, Putnam Hospital’s new laundry begins operation. In an effort to save energy, the hospital is installing two sophisticated heat recovery systems: one recovering heat from washer/extractor energy waste water, the other from dryer exhaust.

The waste water heat recovery system, manufactured by Thermal Engineering, Inc., will be used to recover heat from the laundry’s large washer/extractors. The system has a recovery capacity of 750 gallons per hour with a 600 gallon storage tank. The system includes a flat plate heat exchanger, a solids removal system, and a large pump. The average heat recovery efficiency for the unit is estimated to be 83%. By preheating incoming cold water, the system will save an estimated 2,176 million BTU’s (MMBTU’s). This corresponds to an annual savings in heating energy costs of approximately $17,000. The system costs $54,000. Thus, simple payback for the system is approximately 3.2 years.

An air-to-air heat recovery system, manufactured by Therm-X, will use dryer exhaust to heat the laundry and associated support spaces. The dryer heat recovery system will be capable of doing all preheating of laundry supply air down to an outside air temperature of approximately 6°F. The system will result in a heating energy use reduction of 478 MMBTU’s per year. Total cost for the air-to-air heat recovery unit, including additional sheet metal and controls, is estimated to be $9,000. Net annual cost savings (taking into account the cost of an additional fan necessary to overcome the heat exchanger pressure drop) are estimated to be approximately $3,300, yielding a simple payback of 2.8 years.

These two heat recovery systems are only the latest in a series of steps the hospital has taken to help save energy.

—ALBERT JONES

PROPOSED BY-LAW CHANGE

Mr. Warren E. Marble, Chairman of the Constitution and By-Laws Committee of N.E.H.E.S., has submitted a proposal to change the by-laws of the society.

The changes noted in the following have been italicized, with the deletions in parenthesis:

Section 6-1

The Board of Directors shall consist of all elected officers, not more than two, (one) representatives from each of the six New England states, chairmen of all committees and the editor of the Newsletter. Each (director) officer, one representative from each state, chairman and the editor of the Newsletter is entitled to one vote.

Section 7-1

At the Annual Meeting, members in good standing of each New England State shall elect not more than two (a) representatives to serve as (a) members of the Board of Directors for a term of one year. Each state shall have only one vote on the Board of Directors. Should the members not elect a representative, the Board of Directors shall appoint a member from the state as a representative.

In accordance with the by-laws, Section 15-1, all proposed amendments must be presented at the annual Meeting for approval by a two-thirds vote. This can only be done after the amendment has been submitted to the president, in writing, signed by ten members and copies distributed to all members at least thirty (30) days prior to the meeting.

CONVERTING A TELEPHONE SYSTEM

Much time and planning went into the ultimate conversion, on December 16, 1982, of an electronic telephone system at Lawrence Memorial Hospital, Medford, MA. The new system was supplied and installed by Anaconda Ericsson, an interconnect company. The hospital employed a consultant registered P.E., in 1979 to determine the feasibility of converting from New England Telephone to an interconnect company. It was not until 1980 that he was authorized to draw up a proposal. The consultant’s responsibility included an analysis of the economics for change, an estimate of the cost and preparation of a bid which would allow diverse companies to bid. Bids were received in September 1981 and were very competitive. In January 1982 a Determination of Need was submitted which was approved in August.

Installation of cables began in September and took about three months to install. The remaining equipment was connected a month later. Coordination between the cable installers and the hospital was excellent. The location of the switch room took time because space was a premium. We had a year to think about the best location and we were able to select the most effective site. Our only oversight was that the electronic switch generated 6000 Btu/hr. of heat and existing exhaust was not able to keep the

(Continued on page 4)
WHAT IS OUR SOCIETY DOING FOR ME?

We frequently hear the question, "What is our society really doing for me?" or the statement, "I am not receiving enough for the dues I am paying to the society."

Board members of our societies must listen to and understand the perspective and needs of all of the members of our societies. However, over the years I have found through my own experience that membership in a hospital engineering society is much like membership in a social club or many other ventures.

The rate of return on an individual member is proportional to the level of personal participation and commitment extended by the individual member. A member that sits back expecting the society to somehow enhance or simplify his/her job will never recover the true value for dues paid.

The real benefits of our societies lie in the sharing and exchange of valuable resources like information, skills, and experience. Board members can plan and provide the forums for sharing those resources. They can also provide or share the information that they consider important. But most effective exchange occurs when the greatest number of members fully participate.

Here are some ways to get full value for your dues dollar.

Participate in at least one half of the scheduled seminars of the society.

Regularly read the publications mailed by the society.

Submit an article or news note to your newsletter editor at least once a year.

Communicate regularly with at least one board member of the society.

If you wish to double your return.

Seek membership on the board of the society.

Develop a program segment for a presentation at a society seminar.

Participate and realize the maximum benefits of membership in your society.

—JAMES M. LAWSON

DATES TO REMEMBER

FALL SEMINAR 1983

The 1983 Fall Seminar for the New England Hospital Engineers' Society will be held at Sebasco Estates in Maine. Bryant Bourgoise, Program Chairman, along with Percy Hanscom and Lionel Cayer are planning the event. It is scheduled for September 14, 15, and 16. Mark your calendar now and plan to attend. Additional information will be forthcoming.

A.S.H.E. ANNUAL CONFERENCE

The American Society for Hospital Engineering annual National Conference in 1983 will be held in Hot Springs, Arkansas, from June 21st through the 23rd.

WATER QUALITY IN THE HOSPITAL ENVIRONMENT

The Connecticut Hospital Engineers' Society will present a technical seminar on May 12, 1983. The seminar, "Water Quality in the Hospital Environment," will present topics on: Acid Rains, Water Shed, Bacteria in Domestic Hot Water Systems, Backflow Protection of Hospital Internal Water Systems; Protection and Control of Boiler Water, Potable Water and Corrosion Control, and Closed Loop Systems.

The seminar will be held at the "Red Bull Inn," Scott Rd. exit, Waterbury, Conn. on May 12th from 9:30 a.m. to 4:00 p.m. The cost for the seminar will be $20.00 per person. All are invited to attend. Specific information will be mailed to all C.H.E.S. and N.E.H.E.S. members in the next two weeks. If you require additional information please contact Frank Dahke, Engineering Department, Stamford Hospital, Shelbourne Road, Stamford, Conn. 06902. Tel. (203) 325-7000.

A.S.H.E. NEEDS ARTICLES

The American Society for Hospital Engineering has put out a call for papers. James M. Lawson, our A.S.H.E. liaison and the Region 1 representative, encourages every hospital engineer with a good idea to offer a submission. The following is an article from the A.S.H.E. engineering newsletter:

Hospital engineers play a vital role in the overall operation of the hospital. Engineers across the country have come up with money-saving ideas, and these ideas need to be shared. Every year A.S.H.E. looks to its membership for "papers" or "abstracts." These are articles written on projects you have completed and from which you have learned something that you want to share with the society. A.S.H.E. wholeheartedly encourages you to share your knowledge!

These articles are used for the A.S.H.E. newsletter and technical documents, for possible submission to Hospitals magazine, and for identification of possible speakers for A.S.H.E. conferences.

If you are interested in submitting a paper contact James M. Lawson, Administrative Engineer, Medical Center Hospital of Vermont, Burlington, Vermont 05401.

FREE

350 Ton Trane Absorption Unit

Contact David B. Hathaway, Plant Engineer, Lawrence Memorial Hospital of Medford, 170 Governors Avenue, Medford, MA 02155. Tel. (617) 396-9250 ext. 261.
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Danbury, CT

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Chief Engineer
Soldiers Home
Holyoke, MA

Richard R. Mancini
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Rhode Island Hospital
Providence, RI

Kenneth H. Johnson
Administrative Engineer
Holyoke Hospital
Holyoke, MA

Edward J. Janik
Director, Project Design/Management
University of Connecticut Health Center
Farmington, CT

Samuel F. Gynan
J. B. Thomas Hospital
Peabody, MA

NEWS FROM THE STATES

Massachusetts
The Middlemac Hospital Engineers enjoyed a tour and presentation by the Megatech Corporation. They were shown the advantages and how the Geopump Energy System works.

The group is also looking into setting up a low cost seminar on the 1983 Life Safety Code.

Connecticut
The Connecticut Hospital Engineers’ Society, under the direction of President George Price of Stanford Hospital, has established a newsletter. The newsletter transmits information on hospital engineering topics and pertinent information to all members.

C.H.E.S. group is planning a general meeting with C.H.I.S., the Hospital Association purchasing group in March and a seminar on “Water Quality in the Hospital Environment” in May.

New England Hospital Engineers’ Officers

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Albert H. Jones
Putnam Memorial Hospital
Vermon

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MA

New England Hospital Engineers’ Society

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