GET INVOLVED IN A.S.H.E.

How many times have you complained about a system not working under a code or a regulation. It is easy to criticize and complain. How do you change the system, codes or regulations? Get involved! Every system, code or regulation was developed by people just like you. Joint Commission Accreditation Standards, NFPA codes, BOCA codes, Health Department regulations, and others were developed by individuals and committees trying to provide a safer environment.

Sometimes they are developed without the full knowledge of the "total environment." This causes considerable problems and expense for the Engineer and others involved in administering the facility.

The American Hospital Engineers Society is an excellent vehicle to correct codes and standards so that they represent the needs of the Health Care Environment. A.S.H.E. has over 3,600 members. It provides representation of NFPA Committees, Environmental Committees, Energy Committees, Telecommunication, Clinical Engineering, and other important decision making groups. These are areas that affect you every day.

A.S.H.E. works to protect your interests and those of the Hospital. It provides the direction necessary for good code preparation, while holding down health care costs.

A.S.H.E. is affiliated with the American Hospital Association. There are seven paid staff and thirteen elected officers. The elected officers consist of a president, president elect, Clinical Engineering representative, Telecommunications representative and nine regional representatives. New England is in Region 1.

As your regional representative I am available to carry your concerns, recommendations, and requests to the A.S.H.E. board. The board is fully committed to its members and will make every effort to meet the members' needs. In addition, information is sent out monthly to assist the members.

If you are a member of A.S.H.E., contact me about getting involved, there are committees that need members. If you are not a member, let me know and I will send you an application.

David O. Elliott, Region 1 Representative Associate Director Facilities Management UConn Health Center Farmington Ave. Farmington, CT

UPDATE: HOSPITAL ENGINEERING MANAGEMENT SYSTEM

In 1982, a project was started at the University of Vermont with funding from the Kellogg Foundation to find ways to support the use of microcomputers in hospital engineering. Several members of the project advisory committee were from NEHES, including Ken Johnson, Jim Lawson and Theron Manning.

The highest priority was given to the engineering work management application. The project resources were focused largely on this application, resulting in the creation of the Hospital Engineering Management System (HEMS) software, as well as a system for distribution and support throughout the country.

There are now about fifty hospitals using HEMS around the country, making it the most widely used software of its type for hospital engineering departments. About 12 organizations have been set up to provide local support in their regions. In New England, this function is provided by Technology in Medicine of Newton, Massachusetts, and the University of Vermont. New England Users include Gifford Memorial (Randolph, VT), Rutland Regional (Rutland, VT), Henry Heyward (Gardner, MA), Cooley Dickinson (North Hampton, MA), and Central Vermont (Berlin, VT).

The HEMS software includes support for all maintenance and engineering activities, including scheduled and unscheduled work. Procedures from the American Society of Hospital Engineering publication, "Maintenance Management in Health Care Facilities," may be accessed from diskette, edited if necessary, and used to automatically create scheduled work orders.

Additional information is available from the University of Vermont, Technical Services Program, 260 East Ave., Burlington, VT 05401-3462, (802) 656-3255.

Jim Bernard
Technical Services Program

The Hospital Association of Rhode Island will be hosting the New England Hospital Engineers Society, Inc. Fall Seminar, October 30th, 31st and ending at noon November 1st, 1985 at the Sheraton-Island Inn and Conference Center in Newport, Rhode Island. A memorable Seminar is planned for New England Hospital Engineer Society members and their spouses with a two-track system Seminar. One track will feature Technical and the other track Management for the Hospital Engineers — guest activities for their spouses.

To help defer costs, we welcome vendors to exhibit their products during the Fall Seminar. Members who may know of potential exhibitors are asked to contact either Mr. Kenneth Janzekovich or Mr. Peter W. Graf at (401) 277-8000.
TELECOMMUNICATIONS

EVEN ACCESS:
HEALTH CARE INDUSTRY PREPARATION

Equal access is, perhaps, the single most important, if not influential development arising from the court ordered breakup of Ma Bell. It is the provision by which AT&T Communications' (ATTCOM) long distance competitors will be given the same type of connection to the local telephone network which ATT COM currently utilizes. The impact of this event will be felt strongly throughout the health care industry. It is the intent of this article to define equal access and point out some of the key elements of its implementation which will require considerable review by hospital management.

The advent of equal access is the result of the separation of AT&T and the Bell Operating Companies (BOCs) and thus, the separation of authority over the long distance telephone industry.

ATT COM retained the interstate long distance network, while the BOCs assumed the local telephone network. In addition, a point of reference was required to categorize each companies' responsibilities for providing long distance calls within a particular state. These reference points, called LATA's (Local Access Transport Areas), are commonly associated with different area codes. Long distance calls within an area code or LATA, are provided by your local telephone company, conversely, calls placed between different LATA's, inside or outside of a state, are the responsibilities of ATT COM and the Other Common Carriers (OCC's).

To allow these other long distance companies, (OCC's such as Sprint, MCI, SBS, etc.), to compete on an equal basis, the access to each long distance network must be similar. AT TCOM is currently tied into the local telephone network directly, whereas the OCC's require additional dialing to access their long distance network. It is, therefore, the requirement of each local telephone company to begin providing the same direct, quality connections to every long distance carrier, including ATT COM.

Since these companies will have the ability to utilize these direct connections, their customers will also be able to dial as easily as one can with AT&T, more commonly referred to as '1 + dialing.' Other advantages to equal access include: access to long distance calls with rotary or pushbutton tone telephone, more accurate billing procedures, elimination of dialing extra digits to access the network, and better transmission quality.

Of course the key component to competition is a consumer's ability to exercise the right of choice. Choice is what drives the market place and those companies fighting to gain your business. Consumer choice is being reflected in a process called presubscription. Over the next three (3) years each local telephone company must modify or convert their central office equipment in order to phase in equal access. For those local telephone companies serving 10,000 or more telephone numbers, one third of all telephone numbers must have equal access by September 1985 and 100% must be converted by September, 1986. As a central office and its associated exchanges become capable of equal access to the long distance carriers, the local telephone company will request each user by way of a ballot, to decide which long distance company will carry their calls; this is presubscription. Until May 31, 1985, users who do not choose a company would have immediately been defaulted to ATT COM, however, the FCC ruled that this was unfair competition and ordered the local telephone companies to default unchosen traffic to each company by way of a second ballot procedure. Users will be notified that unless they choose a long distance company, their traffic will be defaulted to a company based on the percentage of the total traffic each company received as a result of the first ballot procedure. For example, if 30% of the users responding chose company X on the first ballot, then 30% of the total unchosen traffic will default to company X.

Once a carrier has been selected by the hospital, there will be a grace period in which a change can be made to go with a different company at no charge to the hospital. After the grace period, there will be a service charge by the local telephone company for any changes. A separate bill will be generated by the long distance company you select and, except for ATT COM which has its charges sent with the local telephone bill, will be delivered separately from your local telephone bill.

The health care industry spends approximately 1.8 billion dollars a year on long distance calling. With the pressure of OCC's to gain market share, presubscription of hospitals could have a significant impact on the post-divestiture environment. In making your long distance decisions, remember that the choice is yours and that cost may not always be the primary criteria for selection. Service and quality vary widely from company to company and should, therefore, be reviewed carefully. In addition, in a recent development, the FCC requested that all OCC's de-tariff their interstate rates. This will allow users with high volume of traffic to negotiate on an individual basis the rates they will be charged by their long distance company. However, the second most important component to competition is an informed and knowledgeable consumer. Your research should include all aspects of a long distance company rather than just price before signing on the dotted line.

The deregulated and divested long distance industry will provide some interesting developments beginning with the implementation of equal access. Choice, however, can often breed confusion. To avoid confusion, concentrate on the following items: 1. the developments of equal access in your area; contact your local telephone company for a timetable of events. 2. review your long distance calling patterns and determine how equal access will affect those patterns. 3. identify those costs association with equal access. 4. entertain proposals from the long distance vendors in your area.

The bottom line is to make a firm and informed decision which will reflect all of the criteria which are unique to your particular application.

Bryan Van Dussen
Health Care Consultant
Telecommunications Management Corp.

THE CONNECTICUT HOSPITAL ENGINEER

The term, "professional involvement," is often used when describing the Connecticut hospital engineer. This individual is an active member of CHES, NEHEE and/or ASHE. In many cases, his membership list also includes NFPA, AAMI, AIPE and a host of other similar organizations. He willingly holds office in the professional societies and contributes to their publications and functions making them successful. Most importantly, he prides his membership.

His goal in membership is education of himself and of his fellow members. He applies his education to improve and update his facility. He looks forward to meetings with his fellow engineers and expands his knowledge of hospital engineering through the sharing of experience. He calls upon his fellow engineers for assistance when asked and provides his assistance to those in need.

The Connecticut hospital engineer is active in the Certification of Hospital Engineers and developed a complete program of professional certification. His contribution of time and effort is driven by his professionalism.

He serves the Connecticut Hospital Association on special committees. The committees establish standards for group purchasing by all Connecticut hospitals; others advise the Association on energy management systems.

All of these activities and more, the Connecticut hospital engineer fits into his schedule of operating his hospital's plant. One Director of Personnel describes them as "a different breed." Indeed they are professionally involved and love it!

T. J. Shubuck
Manchester Memorial Hospital
CERTIFICATION REPORT

The committee is continuing to define and expand the definitions for sub-topics of the Management and Technical Sections of the Certification Exams and preparing appropriate exam questions. Workshop Sessions have been conducted and are scheduled for further work during the next couple of months.

Further discussions have been conducted relative to education programs to assist certification applicants in their preparation for the exams. Discussions are being set up with outside agencies to further investigate the options available. To this end a special meeting was held with ICS (International Correspondence Schools) relative to establishing an education program for Certification Exam preparation. This approach appears quite feasible, and further discussions are being held.

Messrs. Jim Piro and Alan Seagrave of the CHES Committee presented a certification program status update to the Western Massachusetts Hospital Engineers’ Society, per their request, at their May 14, 1965 meeting.

R. A. Cameron
Research Committee Chairman

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HISTORY

History does in fact repeat itself within our Society. For example, our 1962 Spring Seminar, held at the Bradford Hotel in Boston, included a session entitled "How to Handle the Boss." Twenty-three years later, our recent Spring Seminar held at the Copley Plaza Hotel in Boston, included a session entitled "Interactions of Hospital Engineering and Administration." The game's the same, only the name has changed to reflect the vernacular of the era.
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