COMPETITION IN HEALTH CARE
AND ITS EFFECT ON THE
HOSPITAL ENGINEER

Marketing, corporate restructuring, mergers, voluntary hospital associations, federations, managed care, and joint ventures are all a part of a spiraling revolution in the health care industry, resulting in a serious competitive game being played by health care providers, third party payers, major consumers, insurers, developers and physicians. The future of this revolution is difficult, if not impossible, to predict, but it is certain that this fierce competition by all of these factions, for a share of this relatively fixed commodity (health care), will result in failures of some of the factions and/or acquisition, mergers and consolidation of others. This revolution spurred on by DRG's, PPS, high technology and the quest for profit has resulted in an estimated shift of 60% of health care traditionally provided by not-for-profit hospitals, away from these hospitals to for-profit hospitals, surgic-centers, HMOs, etc.

How has this revolution affected the role and the career of the hospital engineer?

A few short years ago, the Director of Engineering in a community hospital, which traditionally provided cottage care, reported directly to an administrator who could assure the engineer of longevity in this position because the administrator usually anned to retire from his position as did the engineer. Today, however, the Director of Engineering typically reports to one of several Assistant Administrators who are usually competing for the administrator's position, and the administrators in turn are usually competing for bigger and better positions resulting from the revolution.

Therefore, many Directors of Engineering have a new boss every few years now, none of whom can assure the engineer of tenure in the position, as in the past, and most of whom have different opinions on the role of the hospital engineer.

I perceive there to be a common viewpoint held by this new type of administrator that the role of the hospital engineer has changed significantly. Long-time incumbents of the position do not necessarily qualify for their positions anymore in terms of education and their ability to adjust, in a timely fashion, to the new and rapidly changing needs of the health care industry. This perception is based on my analysis of the terminations of Directors of Engineering (those who have quit, been fired, retired, etc.) over the past few years and the new qualifications for refilling their vacancies. This analysis shows that fewer and fewer of the positions are filled from within, meaning that the Assistant Director of Engineering, who may have been groomed for the director's job, may no longer be a candidate for the vacancy. In addition, neither the incumbent in the position nor the administrator usually do the recruiting, as in the past, and it is usually farmed out to a search firm (head hunter)! The qualifications required for the position are generally much higher than those of the incumbent, including a Master's Degree, Professional License and a demonstrated ability to manage facilities in both profit and non-profit health care systems.

I believe it can be safely said that the Director of Engineering is losing his position in the hospital organization, and, simultaneously, the qualifications to hold that lower level position are increasing. This situation lends some urgency to our Society's goals and objectives this year to establish a career or professional development program for our members. The first and most important step in this program is to gather and disseminate as much information as possible on our professional career goals and how to attain them, and then develop a program and/or plan to help our members meet these goals. We need to gather information on the health care industry adequate to predict its future and its needs in terms of health care facilities management. We also must obtain information from each of our members, in terms of their individual needs in order to meet their changing career requirements. We need the information on a continuing basis in order to plan and implement a professional career development program for our members.

The President of our Society will be responsible for the definition, implementation and the continuation of this career development program in future years. In this regard, I ask each of you to send information on how your hospital organization and your role have changed and what your needs are for professional development to meet these changes. In turn, I will compile this information and, with the help of the Board, develop programs and information systems beneficial to all of our members.

I look forward to your immediate response to this proposal in order to get this program off the ground this year. If you have any questions, suggestions or comments, please call me at (203) 674-2125. If you would like to help, that's great. Let me know.

Richard E. Popham
President

PAST PRESIDENTS
CONTINUE TO SERVE

David Hathaway of Lawrence Memorial Hospital, Lawrence, MA, past President, continues to serve on our Board as Co-Chairman of the Steering Committee, which is traditional for past Presidents. David has served for many years on the Board and has always been an aggressive, responsible director with the Society's best interests uppermost in his mind.

This has not changed, as David has now agreed to help our new Newsletter Editor, Barney Bolton of New England Memorial Hospital, Stoneham, MA, in addition to the traditional duties of a past President. David is well qualified to help with the Newsletter as he served as the Newsletter Editor for many years in the past, as well as Secretary and in other offices before becoming our 28th President.

Four other past Presidents continue to serve on the Board of Directors, and their combined experience and knowledge is a definite attribute to this Board and the Society. These Presidents and the institutions they also serve are as follows:

Our 27th President, Percy Hanscom of Regional Memorial Hospital, Brunswick, ME, is serving on the Board as Chairperson of the Steering Committee.
Our 26th President, John Crowley of St. John’s Memorial Hospital, Lowell, MA, is serving on the Board as Chairperson of the Education Committee.

Our 24th President, Paul Taylor of Brockton Hospital, Brockton, MA, is serving on the Board as Chairperson of the Constitution and By-Laws Committee.

Our 8th President, Vincent F. Gardner of Massachusetts General Hospital, Boston, MA, is serving on the Board as ASHE Liaison.

The Past President’s service on the Board is not only beneficial to the Society and its members, but to past Presidents themselves in terms of professional development, and to their institutions in terms of the knowledge and collective experience on Facilities Management and Engineering obtained through Board and Society meetings, and applied at their institution on a regular basis.

We appreciate and thank these past Presidents for their dedication to the Society and continued service on the Board, and look forward to their future active participation as well.

Richard E. Popham
President

REMINDER
NEW ENGLAND HOSPITAL ASSEMBLY
MARCH 22-27, 1987
N.E.H.E.S. SEMINAR & LUNCHEON
TUESDAY, MARCH 24, 1987
8:00 A.M. - 2:00 P.M.
BOSTON MARRIOTT
COPELY PLACE HOTEL

SPRING SEMINAR
The Spring Seminar of N.E.H.E.S. will take place March 24, 1987 at the Marriott Copley Place, Boston, Massachusetts. This Seminar is held annually in conjunction with the New England Hospital Assembly at the Sheraton Boston. The Seminar will present an in-depth analysis of Building Construction Cost Data for 1987, and a display of how computerized estimating can be used with the Cost Data.

The Seminar will be presented by the R. S. Means Company, Incorporated, who have been involved in construction cost publishing and consulting throughout North America for the past 44 years. Their primary objective is to provide the construction industry professional, contractor or owner, architect or engineer, with current and comprehensive construction cost data.

The Hospital Engineer of today is involved with in-house construction projects as well as preparing budgets for construction by outside contractors. To do a good job at these tasks, we must have a handle on labor costs as well as material costs. Towards this objective, I believe this Seminar will give our Hospital Engineers a better understanding of costs, labor rates, and application of this data to present realistic budgets and estimates for our hospital administration.

The Seminar will be presented by Mr. Rory Woolsey, Civil/Structural Engineer and Senior Editor of Means Publication, and Mr. James A. Haigh, P.E., General Manager, Corporate Services of R. S. Means Company. Each participant at the Seminar will receive a copy of the new 1987 Means Building Construction Cost Data Book. (The book presented would normally cost $75.00.) Also, a video display of some software programs using Means Cost Data will be presented.

The cost of this Seminar is $40.00 for members and $80.00 for non-members. (If the non-member qualifies as a Hospital Engineer, $20.00 of the $80.00 may be applied towards membership.) If presented at another time, this Seminar would cost in excess of $200.00 per person.

This Seminar should be of interest to all Hospital Engineers and should provoke an interesting question and answer period.

Thomas J. Galligan
Spring Seminar Chairman

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MEMBERSHIP NOTICE
One of New England Hospital Engineers’ Society’s goals this year is to significantly increase our membership. We are a great organization. We have a lot to offer, and I would like everyone to get out there and let the other people he knows in the hospital engineering field hear about us.

Bob Campbell
Membership Chairman

EACH ONE BRING ONE
This year, you are renewing your membership to the New England Hospital Engineers’ Society. I would like you to give some thought to the Society. You are a member of a group of individuals who have responsibilities for engineering, maintenance or other engineering related disciplines in a New England hospital.

Quite frankly, in this day and age, we seem to be a group of workers who are being given more and more responsibilities, quite often with fewer resources. It is good to know there are other people out there with the same concerns and problems. It is nice to know that you can get in touch with someone using the common thread of membership in New England Hospital Engineers’ Society.

This year, one of the New England Hospital Engineers’ Society’s goals is to increase our membership. Enclosed with your dues notice this year is a membership application. Our goal is to try and get each existing member of our Society to recruit an additional member. The dues to our Society are quite reasonable and, in fact, don’t even cover all of our costs. We hold two seminars each year, both of which are quite informative. This Spring, for example, we will be holding a seminar pertaining to the use of the Means Cost Estimating Guide. The fee for this seminar, which includes the Guide, is less than the cost of the Estimating Guide alone. Surely, there aren’t many better deals than that. As the time comes to renew your membership, I would like you to think about talking to someone else in your organization or circle of acquaintances about the benefits of New England Hospital Engineers’ Society.

Robert F. Campbell
Membership Chairman.

MASSACHUSETTS RIGHT-TO-KNOW LAW INSPECTION
The reseach laboratories at Boston’s Beth Israel Hospital were recently inspected by the Massachusetts Department of Public Health for determination of an exemption status for the labs. Our exemption claim process began in September 1984, when an exemption application was submitted. The application was rejected initially for reasons of being incomplete (it did not contain the curriculum vitae for all of the principal investigators at the research facility). A revised application was resubmitted in March 1985. The site inspection in December 1986 was to confirm the information provided in the application and to investigate whether the work area posed a threat to the health or safety of the employees.

The site inspection consisted of three aspects: document review; laboratory inspections; and a summation meeting. Documents the surveyor reviewed included: samples of training materials; manuals, written procedures, MSDS’s, and training records; most recent in-house and/or external agency inspection reports; sample of industrial hygiene, biological, environmental and/or medical monitoring records; permits or licenses issued relative to the operation of the laboratories; samples of accident recordkeeping forms; and a written respirator program (if applicable).
Once these documents were examined the inspector asked questions from a 24-page checklist concerning all aspects of saf-te-y. The inspector then reviewed the preventative maintenance records for deluge shower and eye wash stations and for fume hood velocity tests.

The survey also included a review of the radiation safety officer’s records. The inspector was interested in training documentation, employee monitoring records, radioactive waste disposal, and an inventory list of what, how much and where radioactive materials were being used.

The survey then included an extensive inspection of every research laboratory. These inspections consisted of a general lab overview looking for all elements of laboratory safety. The inspector often asked the lab technicians questions regarding training and hazard information they may or may not have received.

The survey was completed with a summation meeting in which the inspector presented her generic findings but gave no indication of the outcome of the exemption claim. A letter would be sent which would explain the conditions of our exemption status.

Two weeks later a “deficiency letter” was received which stipulated conditions which required correction if we were to continue with our exemption claim. We were given 30 days to correct the deficiencies, unless a written request for an extension was submitted. Failure to correct the items could result in disallowance of our exemption claim, which would then require full compliance with the law.

Items the inspector cited and which are relatively simple to correct include items such as: unsecured compressed gas cylinders, use of extension cords, fume hoods used for storage, outdated ethyl ether, fire extinguishers blocked, and refrigerators blocking aisles within the labs. A more significant deficiency related to inadequate employee training and re-training regarding health and safety in the laboratories. Until these are corrected and the Department of Public Health notified, our exemption status remains as it was two years ago, pending final notification.

Dan Murphy
Beth Israel Hospital
Boston, MA

PROFESSIONAL CAREER DEVELOPMENT

As many of our members know, from the start of the N.E.H.E.S. organization, more than twenty-five years ago, career development has always remained in the forefront of its goals. Inter-communications amongst members and professional seminars have been given the highest priority and the greatest effort. Career development is important in most fields, of course, but for the hospital engineer, there is the additional concern of being responsible for life safety engineering measures. Upgrading our professional abilities is sure to affect how successfully we deal with problems of this nature. Success, of course, usually results in upward mobility, and hence the need for Professional Career Development becomes apparent.

The following paragraphs are from the current issue of the “Hospital Engineering Handbook” published by the American Hospital Association.

“The massive responsibilities of the hospital engineering department fall on the shoulders of hospital engineers, who must have the requisite managerial ability to cope with this ever-changing and complex scene. During the past two decades the hospital engineer has emerged from the position of a relatively skilled mechanic to that of an educated professional. Today, the hospital engineer is a prominent member of the management team, possessing academic qualities higher than ever before. This well-educated professional can organize the hospital engineering department into a functioning unit that can serve as a resource for planning, construction, remodeling, purchase of major equipment, code compliance, environmental safety, disaster preparedness, and the daily routine operation and maintenance of the physical plant.

Today, qualified engineers are often promoted to positions as assistant administrators and directors of facility planning. They are also given appointments as consultants, instructors, and guest lecturers. Engineers are active on regulatory panels and thus contribute to the development of local, state, and national codes. They write articles, present papers, and conduct research. In short, hospital engineers are involved in the total hospital scene as never before. As the engineer develops in knowledge and skills, opportunities for advancement in larger hospitals continually open up — but only for those who have prepared themselves for such opportunities.”

Members of N.E.H.E.S. can expect to see several changes in the next few months as our organization embarks on this new program.

Watch for this column and feel free to lend your comments and ideas.

President’s Message:
If you attended the Fall Seminar and the Annual Meeting, you are aware that our major goal for 1987 is to develop a Professional Career Development Program for all of our members. In this regard, I have appointed Jack Berger as Chairperson of a “Professional Career Development Program” committee with the officers of the Society and many Board Members as members of that committee.

Everybody agrees that the critical element, if this program is to be successful, is communication or dissemination of information to all of our members.

In this regard, I ask each of you to support the program through your active participation, which could include giving your sugges-
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