Actually, the electronic interlock on the resuscitation or emergency cart is a simple add-on black box. In effect, the cart says to the elevator electronically, I am here, and the elevator responds and says, OK, we will go.

Senator NELSON. Are you saying, then, that if a hospital of 500 or 600 beds wished to install the system that you have described here, they could install the basic system for about $10,000?

Dr. NOBEL. That is correct, sir.

Senator NELSON. And then the cost of servicing or maintaining the system is about $150 a month?

Dr. NOBEL. That is correct.

Senator NELSON. How many hospitals in the country have installed this kind of a system?

Dr. NOBEL. We should tell you that the system is in development and that we are currently installing three prototype test systems for long-term evaluations. We do not feel that we will go ahead with general availability until we have specific patient mortality data that shows how justifiable the system is.

Now, looking forward, it will be a relatively short time before we have this data and we hope that the systems will be generally available throughout the country within the next year or two.

Senator NELSON. Has this equipment been tested yet in an operating hospital?

Dr. NOBEL. Not at present. We have operating laboratory models, we have a computer simulation of the system underway, but the first full scale operating system will not be operating for severa months yet.

Senator NELSON. Do I understand you to say that you are installing this system in three hospitals; pilot tests, so to speak?

Dr. NOBEL. That is correct.

Senator NELSON. Are you free to say what three hospitals they are?

Dr. NOBEL. Yes; the hospitals are all located in the Philadelphia area—Jefferson Medical College Hospital, Hahnemann Medical College Hospital, and Pennsylvania Hospital. These three hospitals were chosen because they represent a very broad spectrum of different problems in architecture, elevators, communications, and so on.

The system is quite adaptable. For example, if you have only manually operated elevators, we go right into their telephone and speak to the elevator operator who makes an appropriate response. In the older hospitals with manually operated elevators, there is no requirement for a $10,000 change in elevator programers. The cost is actually lower.

Senator NELSON. But I did understand you to say that to institute the whole system, not just the elevator part, you are talking about an investment of $10,000?

Dr. NOBEL. Assuming that we are going to use automatic elevators. If we are not going to use automatic elevators, then there is no $10,000 additional cost.

Senator NELSON. Just the $150 monthly maintenance; is that it?

Dr. NOBEL. Just the monthly cost; yes, sir.

Senator NELSON. Then how long do you expect to test this system to find out whether or not you are prepared to make it available to any hospital that wants it?