1986

University Hospital at Boston University Medical Center: Annual Report 1986

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Boston University
A Turning Point

New main building and new programs prepare UH for the next century

The University Hospital, founded 132 years ago, has a feeling of "newness" about it today that could rival the excitement that existed in 1855, when a group of distinguished Boston citizens received the Hospital's charter from the governor and opened a medical dispensary in downtown Boston.

Like all institutions of similar age and complex mission, the University Hospital has undergone numerous critical periods of growth and development since its founding. However, the past year has brought the Hospital to an unusually significant turning point, as it prepares to enter a new main building—armed with innovative new programs, a strong health-care team and fruitful new relationships with both community groups and health providers.

The major symbol of the new University Hospital is the complex and exciting lobby of the soon-to-be-opened Atrium Pavilion,
where light dances through a space frame, bounces from glass walls and splashes on the broad atrium floor. This sparkling entryway will provide a special ambiance for the University Hospital beginning this fall as the patient’s and visitor’s first point of contact with UH, and the structure that houses nearly two thirds of all our patient beds.

As construction of the new building has progressed from the December 1984 groundbreaking ceremony to today’s state of near-completion, the Hospital has been building a number of other initiatives, most of them aimed at broadening and improving patient-care services, while others seek to ensure the Hospital’s ability to meet new demands for health services. There is a new University Hospital—and it comprises more than just a new building.

**On schedule and on budget**

Construction of the Atrium Pavilion, which will serve as the Hospital’s new core clinical facility and main entrance, remains on schedule and within budget. As finishing touches are applied to the building over the next few months, a complex series of moves will begin to unfold, all aimed at keeping the transition smooth. Some departments, beginning with Admissions/Reservations, will move into the Atrium Pavilion this fall, and patients are expected to be transferred into the 233-bed facility beginning in November.

When designing the Atrium Pavilion, the building’s architectural team met with UH health professionals and administrators to hear their opinions concerning the new structure. In this way, Hospital staff members were able to take part in the planning process, and to educate the architects on specific features that would allow the new building to “work better” for patient care than the facilities it is replacing.

Preparations are under way today for a variety of special events that will mark the opening of the new building, including the official Grand Opening in November. We look forward to seeing many of you there.

**The demand for acute-care beds**

When we move into our efficient and beautiful new Hospital next fall, the realities of the health-care industry will be no rosier than they have been in recent years. The highest quality care in the most cost-effective environment will remain the Hospital’s overriding goal. The UH health-care team has worked assiduously over the past year to deal with the challenge presented by an increasing demand for high-acuity care, the type of care that must be given to patients who are very ill.

The increase in the level of acuity of UH patients arises from a number of complex factors, including the operation of Boston Med Flight emergency medical helicopter service, which brings acutely ill and injured patients to the Hospital, and the initiation of several new programs that emphasize tertiary care. In addition, there has been an increase in the referral of acute-care patients from community hospitals, a factor that could be caused in part by new federal reimbursement regulations.

The Hospital responded in a variety of ways to the demand for high-acuity beds. One strategy, for example, was to equip a number of beds with telemetry, a form of monitoring that is less intensive than that practiced in an Intensive Care Unit, but more intensive than that employed in a general medical/surgical unit. The Evans-7 General Medical Unit was made available for up to three ventilator-dependent patients in an effort to expand the capabilities of the Hospital’s Respiratory Care Center. In addition, the Surgical Intensive Care Unit’s nursing staff was expanded to accommodate a more acutely ill population in the unit itself and to allow for additional patients receiving care in the adjacent Recovery Room.

In addition, the Hospital instituted three progressive care units (PCUs) for patients whose nursing-care requirements have diminished but who still need to be carefully monitored. For these patients, hospitalization in a PCU is a safe and cost-effective alternative to placement in an intensive care unit. The Hospital currently has a total of 15 PCU beds.

Other important steps to meet the demand for intensive-care and intermediate-care beds were taken by physicians, nurses and other members of the Hospital’s clinical team.

The Nursing and Neurosurgery departments collaborated to design an innovative Laminectomy Early Discharge Program that significantly reduces post-surgical days...
spent in the Hospital by patients with acute or long-standing back ailments. The Program represents a safe alternative to prolonged and costly inpatient stays for these patients. By educating laminectomy patients prior to admission, continuing the education process during the patient’s stay, and by providing at-home rehabilitation for the patient, the Early Discharge Program results in excellent recovery within four days instead of the 11 or 12 days of hospitalization previously given to each patient.

The Nursing Department also has developed a revised patient-classification system that allows the Hospital to quantify the cost of nursing care and to define the nurses’ contributions to the care of specific patient populations. The new system is an improvement over previous classification systems in that it also is an effective tool for cost accounting.

Finally, in response to the changing health-care environment, the Nursing Department has been looking at ways to increase the effectiveness of nurses in their various roles. As one result, this past year, the title of Head Nurse was upgraded to Nurse Manager to reflect the changing nature of the job. In addition to being clinical experts, UH Nurse Managers are expected to possess the sophisticated management skills that will allow them to ensure that their nursing units run smoothly.

Building on our strengths

Throughout 1986, the Hospital developed a number of innovative programs and services in response to the changing health-care climate. These programs supplement the University Hospital’s existing strengths in four specific areas that are greatly enhanced by the Hospital’s multidisciplinary approach to delivering health care. Departments throughout the Hospital contribute to the following areas of excellence:

Cardiovascular Programs

The Hospital’s staff has played a significant role in erasing misconceptions about the heart and in advancing cardiac care worldwide. The Heart and Circulatory Programs have earned international reputations as leaders in advancing the state of knowledge of cardiovascular diagnosis and treatment, and in emphasizing the importance of preventive measures to minimize the risk of cardiovascular disease.

Programs for the Elderly

The University Hospital offers one of the nation’s broadest ranges of services for the elderly, including the Home Medical Service, an inpatient Geriatric Consultation Service, and a formal linkage to Jewish Memorial Hospital, an independent chronic-care hospital. The University Hospital also is responsible for the management of several inner-city nursing homes.

The Neurosciences

The Hospital’s coordinated services in Neurology, Neurosurgery, Rehabilitation Medicine and Psychiatry comprise one of the nation’s broadest programs focused on the nervous system.

Critical Care and Trauma

The Hospital offers a wide variety of intensive-care services, with intensive care units dedicated to cardiac care, medicine and surgery. The UH Surgical Intensive Care Unit’s program has one of the lowest mortality rates of all tertiary-care surgical intensive care units despite the severely ill patient population regularly treated at UH. Working in conjunction with nearby Boston City Hospital, UH forms one of Boston’s three Level I trauma centers. In addition, the Hospital was responsible for the development of Boston’s emergency medical helicopter service, Boston Med Flight.

In addition to these areas of excellence, the University Hospital also is known for its strengths in a number of other interdisciplinary areas, including such varied specialties as orthopedics and sports medicine, urology, cancer care and eye care.

New programs and services

A number of new programs and services have added to the Hospital’s areas of strength. One such program is the Women’s Health Group, the nation’s only university-based women’s health unit with an all-women staff. A part of the Hospital’s Evans Medical Group, the Women’s Health Group was designed to address a woman patient’s need for complete coordinated health care as well as for health-related information.

Another recent innovation is the Laser Center at Boston University Medical Center, a major new clinical and research initiative in the development of lasers in medicine. The Laser Center is one of three such

New programs and services supplement UH’s strengths in four specific areas.
centers in the United States; however, as a laser program that focuses on patient care, education and research, the Laser Center at BUMC is unique.

Other new programs and services developed in 1986 include the Community Outreach Program in Neurosurgery, a regional program linking the Hospital’s neurosurgical team to neurosurgeons in the community. Through this program, neurosurgeons perform complex forms of neurosurgery at UH. Less complex procedures are performed at the community level.

In a demonstration of the major commitment that the University Hospital has made to head-injured patients, the Hospital this year initiated the Northeast Regional Center for Brain Injury, a full-scale, continuous program for head-injured patients and their families. The Center’s program is based on a coordinated plan of care that encompasses evacuation from the site of injury through ultimate disposition and long-term follow-up. The program is the only one of its kind in the Northeast.

Another new service offered by the University Hospital represents a breakthrough in the diagnosis of prostate cancer. A newly-refined technique, transrectal ultrasonography, involves ultrasound that is introduced through a probe placed in the rectum. Using this new technique, physicians often can detect this deadly cancer before it can be detected by more traditional prostate examination methods.

The University Hospital last year paved the way for another technological breakthrough as planning began for the Hospital’s photophoresis center, which will be the only such center in Boston. Photophoresis is an exciting new therapy initially developed for the treatment of a wide variety of immunological disorders, including cutaneous T-cell lymphoma.

Cancer care for outpatients has been improved by the Hospital’s new Outpatient Chemotherapy Center, which opened in May. The Center brings the Hospital’s oncological services together under one roof and makes quality and compassionate care available to cancer patients discharged from UH as well as to cancer patients in the community. As a result, the Center supports the current shift in health care from inpatient to outpatient settings and helps to reduce the inpatient length of stay. By enabling patients to progress immediately from inpatient to outpatient status at UH, the Center ensures that valuable treatment time is not lost.

Planning also is under way for a second magnetic resonance imaging unit that will be housed in the new Atrium Pavilion. Magnetic resonance imaging (MRI) provides information about the body’s molecular environment as well as its anatomy, thereby supplying physicians with more complete diagnostic data than has ever been available before. The Hospital’s second MRI unit is housed within the Radiology Department as part of the Joint Center for Magnetic Resonance Imaging of the University Hospital and Boston City Hospital. The second unit will join the Hospital’s current unit, which is used for research.

**Groundbreaking Research**

The Evans Department of Clinical Research and Preventive Medicine this fall will celebrate its 75th anniversary. The Department’s many recent advances include the development of enalapril, a drug that lowers blood pressure with fewer side effects than existing drugs, and the development of autolymphocyte therapy, a revolutionary new cancer therapy in which a patient’s own immune cells are temporarily removed from the body, immunized to the cancer and injected back into the patient.

Groundbreaking research also was conducted last year by researchers in the Division of Surgery who studied such topics as the prevention of damage to muscle tissue as a result of ischemia, or blockage of blood vessels in an extremity, such as the leg, and the prevention of gallstone formation.

The University Hospital’s dedication to research and education last year brought about a number of exciting educational advances, including the First Annual Smithwick Foundation Lecture and Day in Surgery. The program, which dealt with carotid occlusive disease, was the first in a series of lectures named for the late Reginald Smithwick, M.D., a former UH surgeon-in-chief.

In addition, several UH departments have sponsored or are planning groundbreaking symposia. The Section of Cardiology this year sponsored a satellite symposium that drew top cardiology specialists

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**The Hospital’s photophoresis unit will be the only such center in the area**
from all over the world to Boston. Entitled “Interventional Cardiology 1986: An International Update,” the symposium provided the specialists with a comprehensive update of invasive cardiology.

The Hospital’s University Continence Center last fall sponsored the First International Conference on Interstitial Cystitis (IC). The University Continence Center is at the forefront of treating IC, a painful voiding disorder that affects approximately 50,000 Americans, primarily women.

Reaching out

If the University Hospital is to stay vital and to continue to offer state-of-the-art care, it must stay on top of the changing health-care climate, anticipating the societal needs that will arise in the 21st century. Actively influencing the role of teaching hospitals in the future is the goal of physicians and administrators who are working with their colleagues from other major medical centers to help federal and state policymakers and political leaders do the right thing—shape workable solutions to health-care and medical-education problems.

Naturally, it is important to remember that the University Hospital is not an abstract entity, but instead is an organization of diverse, skilled and giving people. This past year has produced strong signs that the UH community is willing and able to work together to keep quality care at the top of the University Hospital’s agenda.

Employees of the University Hospital and the Medical-Dental Staff once again proved their strong support for the Hospital by responding generously to our annual fundraising campaigns in support of the United Way and the Hospital’s unique U-Help Fund, a source of money that can be used by employees to meet the needs of individual patients that are not covered by insurance.

Helping UH employees to grow and expand their professional capabilities is one of the goals of UH Training and Development. Since its inception in November, Training and Development has sponsored a wide variety of workshops and programs for staff members, including a refresher course in grammar, word-processing workshops, and a series of lectures on such topics as assertiveness and personal time management.

In recognition of the importance of middle management, the Hospital this year initiated a management development program in health-care management in collaboration with Boston University. In addition, a Management Council was formed in September to increase the opportunity for Hospital middle-managers to influence decision-making at UH.

Thus, the past year has been a major period of development in the history of the University Hospital, a time in which the people of UH—at all levels and with a broad variety of skills—have begun preparing for the challenges of the new century.
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University Hospital, Inc.  
Summary Statement of Revenue and Expenses for Years Ending September 27, 1986, and September 28, 1985  

<table>
<thead>
<tr>
<th>Revenue/Expense Category</th>
<th>9/27/86</th>
<th>9/28/85</th>
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<tbody>
<tr>
<td>Patient Service Revenue</td>
<td>$108,348,000</td>
<td>$109,020,000</td>
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<tr>
<td>Other Operating Revenue</td>
<td>5,723,000</td>
<td>4,223,000</td>
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<tr>
<td>Total Patient Service Revenue</td>
<td>$114,071,000</td>
<td>$113,243,000</td>
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Less: Deduction from Revenue  
Due to Contractual Agreements,  
Bad Debts and Free Care  

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<tr>
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<th>22,747,000</th>
<th>27,830,000</th>
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<tbody>
<tr>
<td>Net Patient Service Revenue</td>
<td>$91,324,000</td>
<td>$85,413,000</td>
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Less: Operating Expenses*  

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<th>88,120,000</th>
<th>83,440,000</th>
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<tr>
<td>Patient Care Gain Available for Capital Improvements and New Technology</td>
<td>$3,204,000</td>
<td>$1,973,000</td>
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Gifts and Contributions  

<table>
<thead>
<tr>
<th></th>
<th>663,000</th>
<th>421,000</th>
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* Includes price level depreciation expense of -0- in 1986 and $1,528,000 in 1985.

Sources of Revenue FY 1986  

<table>
<thead>
<tr>
<th>Revenue Category</th>
<th>Amount</th>
<th>Percentage</th>
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</thead>
<tbody>
<tr>
<td>Inpatient Room and Board</td>
<td>42,173,000</td>
<td>37.0%</td>
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<tr>
<td>Ancillary</td>
<td>62,110,000</td>
<td>54.4%</td>
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<tr>
<td>Outpatient Clinics</td>
<td>4,065,000</td>
<td>3.6%</td>
</tr>
<tr>
<td>Other Operating</td>
<td>5,723,000</td>
<td>5.0%</td>
</tr>
</tbody>
</table>

Total Revenue FY 1986  

|                          | $114,071,000  | 100.0%       |

Uses of Revenue FY 1986  

<table>
<thead>
<tr>
<th>Expense Category</th>
<th>Amount</th>
<th>Percentage</th>
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<tr>
<td>Salaries and Wages</td>
<td>44,606,000</td>
<td>39.1%</td>
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<tr>
<td>Supplies and Other</td>
<td>39,813,000</td>
<td>34.9%</td>
</tr>
<tr>
<td>Allowances Granted</td>
<td>16,494,000</td>
<td>14.5%</td>
</tr>
<tr>
<td>Non-Cash Expenses</td>
<td>3,701,000</td>
<td>3.2%</td>
</tr>
<tr>
<td>Bad Debt and Free Care</td>
<td>6,253,000</td>
<td>5.5%</td>
</tr>
<tr>
<td>Patient Care Gain</td>
<td>3,204,000</td>
<td>2.8%</td>
</tr>
</tbody>
</table>

Total Expenses FY 1986  

|                          | $114,071,000  | 100.0%       |

Selected Patient Care Statistics for 1986  

<table>
<thead>
<tr>
<th>Category</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of Beds</td>
<td>379</td>
</tr>
<tr>
<td>Number of Admissions</td>
<td>9,639</td>
</tr>
<tr>
<td>Number of Patients Days</td>
<td>109,363</td>
</tr>
<tr>
<td>Average Length of Stay (Days)</td>
<td>11.4</td>
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<tr>
<td>Percent Occupancy</td>
<td>79.3</td>
</tr>
<tr>
<td>Emergency Room Visits</td>
<td>15,199</td>
</tr>
<tr>
<td>Outpatient Surgery</td>
<td>2,769</td>
</tr>
<tr>
<td>Other Outpatient Surgery</td>
<td>78,898</td>
</tr>
</tbody>
</table>

* Includes price level depreciation expense of -0- in 1986 and $1,528,000 in 1985.