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Boston University
BOARD OF TRUSTEES

New chairman takes office

UH ushered in the new year and the 1990s by electing a new chairman of the board of trustees. At its 135th Annual Meeting held on Monday, Dec. 18, the University Hospital Board of Trustees elected Hugh Shepley as the successor to John F. Cogan Jr., who had served as chairman for 17 years.

Shepley has been a member of the UH board since 1980 and has served as vice chairman since 1983. He is a senior principal of Shepley Bulfinch Richardson Abbott Architects of Boston, a fellow of the American Institute of Architects, and past president of the Massachusetts State Association of Architects, the Boston Architectural Center and the Boston Society of Architects.

A long-time resident of Manchester, Mass., Shepley also has been on the boards of the continued on page 2

Atrium symbolizes UH's dedication to patient care

If one were to list the top stories of the 1980s at the University Hospital, construction of the Atrium Pavilion would be at the top of the list. A random sampling of opinions around the Hospital makes it clear that employees and staff see the Atrium Pavilion as a strong sign of UH's determination to survive and thrive in the next century.

One manager, who has been on the staff for 16 years, puts it this way: "Until the early 80s, the idea was to just rehab the Hospital's collection of old buildings. But Dr. Abercrombie made people think about that. Would doing that help the Hospital to still be strong in the years ahead? When people here thought about that, and realized that just bringing the old buildings up to code would cost millions, the answer was clear: Go for a new building."

In fact, it was in 1980, the year UH celebrated its 125th anniversary, that Dr. Abercrombie, trustee leaders and senior managers began to seriously question the wisdom of simply rehabilitating the buildings. The anniversary brought the age of some of the continued on page 4

Your response is important

The editors of Connections ask that you take a moment to respond to the reader survey, which has been inserted into this month's edition. If your copy of the newspaper does not contain a survey form, contact the Office of Publications and one can be mailed to you.

Since the survey is aimed at finding out how the publication is connecting with its goal—UH employees—your specific response is important. After you have completed the survey, please fold it and drop it into Interdepartmental mail.
Cogan reflects on his 17 years as trustee chairman

John F. Cogan Jr., the former chairman of the UH Board of Trustees, said he has seen the Hospital undergo a "period of public and personal growth" in the past two decades. The construction of the Atrium Pavilion, our core clinical institution for the next two decades. It's not the bricks and mortar, but the people who make the difference.

In the following interview with Connections editor Cynthia Philley, Cogan shared his philosophy on such issues as the direction the Hospital will take and the challenges UH faces in the midst of change and financial constraints.

Connections: During your term as chairman of the board, what direction will you take?
Cogan: I plan to continue in the directions set by John F. Cogan Jr., and I hope to keep things going as well as they have been under his chairmanship. It is quite a responsibility to follow in the footsteps of someone who has served so effectively for so long. I am awed and honored.

Connections: What are your priorities?
Cogan: There are two areas in which I would like to focus my attention, these areas are strategic planning and development.

Looking to the future, I think strategic planning is going to be crucial. Within the last five years, there has been a significant change within the health-care environment. Because of the tremendous financial pressures heaped upon hospitals, we are forced to keep our eyes open to longer length of stay, and to keep increasing our admissions. I think we are doing a fantastic job, however, staying on top of our constant planning and thinking.

Also, we need to think about getting involved in new ventures. The SETSA (SouthEND Technol­ ogies and Square Associates) development, for instance, is very exciting. In addition to revamping the area, it will enable the University Hospital to further cement itself into the community. So in these ways, I think strategic planning, amidst the changes, is very important.

We also need financial strength to keep the Hospital up to date in all the latest technologies, which distinguishes the University Hospital as one of the leading teaching hospitals in Boston. We need this type of strength and support to remain competitive.

Connections: In your opinion, what are UH's strengths?
Cogan: I think our major strength is our size. This might sound odd, but UH is big enough so that it can boast all the latest technologies as well as trained staff, however, it is not so large that people get lost. UH has a

John F. Cogan Jr., former chairman of the University Hospital Board of Trustees, has served the institution for 17 years. During his tenure, the Hospital has seen significant growth and development. Cogan reflects on the challenges and achievements during his term, emphasizing the importance of staying connected with patients and the community. He also discusses the future directions and priorities for the Hospital, focusing on strategic planning and development. Cogan highlights the significance of financial strength and the impact of the SETSA development on the Hospital's ability to stay competitive.

Hospital's horizons expand in echocardiography technology

The acquisition of state-of-the-art echocardiography technology, and the findings of a recent study, shows that echocardiography is an effective way to monitor bypass surgery, but may not be an accurate measure of the patient's Heart Hospital's ability to detect heart bypass gaps. Echocardiography is an ultrasonic technique that views the body’s major heart structures and sections and gives specific information regarding its function in any one of those sections.

With the acquisition of the Sonos 1000 Doppler color flow echocardiography system from Hewlett Packard, the Hospital's Echocardiography Laboratory now has the most advanced and sophisticated technology, according to Gary Balady, M.D., the Laboratory's Director. While Doppler color flow technology has been available for a few years, the system purchased by the Hospital is the newest version and can produce much more vibrant color images that older systems.

In addition, the Echocardiography Lab is now equipped with a Hewlett Packard diagnostic system, which has the ability to generate very comprehensive echocardiographic reports in a short time. Balady said.

Echocardiography in the O.R.
The use of echocardiography in the operating room has been the subject of debate among University Hospital cardiovascular surgeon Harold Latter, M.D. The study shows that echocardiography can be effective during surgery and its diagnostic capabilities can be enhanced when computer analyses are considered.

In the first study, computer–analyzed echocardiograms taken right before and after coronary artery bypass grafting (CABG), Laser and his fellow UH researchers measured improvements in the functioning of several areas of the heart that were not detectable in the traditional visual analysis. Reported in the October 1990 Journal of Thoracic and Cardiovascular Surgery, the study not only confirmed that CABG can cause immediate changes in heart function, it also lends support for the use of echocardiography—and the development of computer-on-computer monitoring—for monitoring open-heart surgery in the operating room.

Previous studies using visual analysis of echocardiographic images have shown that the technique is more sensitive to changes in heart function than other methods, such as EKGs, which give more general information.

Improves condition
To test the effectiveness of echocardiography during surgery, Laser compared echocardiograms of patients' hearts 30 minutes before and 30 minutes following. He visually assessed the patients' condition and found improved heart muscle contractions, especially in areas damaged by previous heart attacks. Later, when he compared his colleagues' deduced computer analyses of the same echocardiograms, he found the computer analysis significantly improved condition.

Mammographic Imaging Wins ACR accreditation

The Mammographic Imaging Service of the University Hospital Group has been granted accreditation by the American College of Radiology (ACR) on Readiness for Mammographic Imaging, the third mammography center at UH has received accreditation. The Mammographic Imaging Service Center is set to be the first to be accredited on Readiness for Mammographic Imaging. The service has been fully accredited by the American College of Radiology (ACR) on Readiness for Mammographic Imaging.

Linda A. Burns has joined the Hospital as a vice president for Clinical Operations. In her new role, she will work alongside Vice President for Clinical Operations Michelle Higgins, under the direction of sister Vice President Jacqueline Dutt. Burns previously served as a senior manager in the health-care consulting firm of Ernst & Young in Chicago. Prior to that, she served as a manager with Ambert Associates, Inc., and as president and principal in the Burns Group, Ltd., both of Chicago. Easton. Her work primarily focuses on the management of the Atrium Pavilions, our core clinical function. The Atrium Pavilion, our core clinical function, is the new name for the monthly journal of the University Hospital Management Forum.

Another strength is UH's long history and tradition, the University Hospital. From a broad viewpoint; Hospital, as well as all hospitals, have a wealth of expertise to provide us with a unique perspective in the health-care industry.

The restructuring of the Event Memorial Department of Clinical Research, the construction of a new Event Building and the Atrium Pavilion, our core clinical function, and the appointment of UH President Linda Levinsky to the presidency are among the efforts with which Cogan says he is most proud to be associated.

‘I think UH has a much better sense of itself— a higher perception of itself in all than it did 17 years ago,’ said. ‘I am both, and we can be proud that we provide the best nursing care in the city.’

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The University Hospital January 1990
South End.

eight apartments to 14 this sum­
gram, ELAHP expanded from
services and the success of this pro­

According to Eileen O'Brien, pro­

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of increased demand for such ser­

ing permanent housing. Because
permanent housing, either because
another or are living in temporary

they are on the streets, are being
elders have been kept from home­

elders from becoming

What makes UH's program uni­

is its temporary transitional
housing program, which offers the
homeless elderly a chance to live in
units he or she finds the most

Atrium is a symbol of UH's dedication

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progress and professionalism.
Everything is modern and right at
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Bill Silva, Transport: "In my work, I deal with a lot of patients, and they feel like the Atrium's a
hotel; they say the lobby is beauti­
ful. I was born here, 28 years ago, when the Hospital was (known as) the
Massachusetts Memorial
Hospitals, and I think UH is going to keeping going strong."

George McNichol, patient: "I think the Atrium represents a lot of progress. I've been a patient here many, many times and the
care that I receive is always
fabulous. The atmosphere makes me feel at home, it's like a family home."

Participants wanted for research study

Men and women between the ages of 18 and 79 are being sought for a
research study on the treatment of high blood pressure, which is being
conducted by Robert Pridman, M.D., the UH director of Medical Information Systems Unit.
The study is expected to take between six and nine months to
complete. Eligible participants will be provided with free medical evalua­
tions and medication, and $1,000 upon the study's completion. Enroll­
ment is limited. For more information call Delta Shields at x8680.
 biomechanics, fiction and the classics, which are available for loan. The library is located at 117 Boston Globe, Wall Street Journal and USA Today, and can be read at your leisure in a relaxing, stress-free atmosphere, according to the librarian.

A BMC employee’s identification card is needed as his or her library card. Most books can be checked out, but periodicals are not circulated. Certain books that are on “reserve” can also be checked out overnight, Christopher said.

“Private investigators” in their positions as reference librarians, Elaine Petito and Jonathan Backeck act as “private investigators” of sorts. Their job can be as simple as locating a recent search article in Psychology Today or as complex as finding everything that’s been written on a subject in the last five years, according to Petito. When this situation arises, “We have to formulate strategies for where we think we can find the materials and proceed from there,” noted Backeck.

In their work, the two have access to approximately 50 databases, which include MBA, law, and even the New York Times. One of these databases, MEDLINE, is used by library patrons using a compact disk system, known as Medline. Library patrons may also search the Web catalog, called Mediweb, which is included in the library system, according to Petito, to locate books at any of the libraries of the Boston University. The library’s Web system can be accessed from outside the library, using a modem.

An Interlibrary Loan service, provided by the library, enables patrons of the Alumni Medical Library to obtain copies of books through the Boston Library Consortium, and the National Library of Medicine. A fee of $1 per book is charged for this service. “Rush” interlibrary loan requests cost $30, and have a turnaround time of 24 to 48 hours.

“If we don’t have something you need, we can make expedited arrangements. That’s what we’re here for,” Backeck said.

The library’s current hours are: Monday-Friday, 8 a.m. to 11 p.m.; Saturday, 8 a.m. to 8 p.m.; and Sunday, 1 to 11 p.m. Call 442-2248 for more information or to request a private tour.
End in sight for Talbot Vacancy Project

The Talbot Vacancy Project is nearing completion, as UH departments continue to vacate the building. Within the next several weeks, Patient Financial Services and Plant Services will relocate to Old Evans (D) 9 and Voc 3, respectively, leaving the Plant Services shops as the only remaining UH occupants of the historic building. In March, the shops are scheduled to move to Collamore and Old Evans (CD 1).

The Talbot, the Hospital’s original building, first opened its doors on May 4, 1876, as the Massachusetts Homeopathic Hospital, UH’s original name.

The Talbot Vacancy Project had been in the planning and design stages for nine months prior to the departmental moves, which began in September with the relocation of Rehabilitation Medicine and the Daniels Speech and Language Clinic to Preston (F 1).

‘Overall, everything went very smoothly. Moving can be stressful but everyone was very cooperative,’ said move coordinator Richard Rodell of Environmental Services.

Last month, staffers from Boston City Hospital began to move into the Talbot Building, a portion of which is being leased to BCH, while that institution undergoes major reconstruction.

With the exception of Rehabilitation Medicine and Plant Services Administration, all the departments have relocated to the Collamore (C) and Old Evans (D) buildings (see accompanying chart for a listing of departments and their new locations and telephone extensions).

Due to financial constraints, renovations of existing space were kept to a minimum, according to Vice President for Clinical Operations Michael Higgins. ‘The objective was to convert former patient rooms and clinical spaces into generic office space,’ Higgins said. In order to bring the buildings up to state code, asbestos was removed and new fire alarm and sprinkler systems were installed.

Public corridor work, which has been under way since December, is expected to be completed by February, according to Robert Burkhart, director of Design Services.

‘This was a demanding, complex and multi-faceted project,’ said Burkhart. ‘But, by and large, I think it went very well—the end result is very good.’

Smooth move

As move coordinator, Rodell was responsible for working with various departments in ensuring a smooth move for employees. Departments that played crucial roles, besides Design Services and Plant Services, included Telecommunications, the Computer Center, Housekeeping, Maintenance and Security, Engineering.

Another of Rodell’s duties included checking back with employees, once they had moved, to coordinate any further work that needed to be completed.

‘The people whom I’ve talked to are happy with their new spaces,’ he noted.

E.R., Dialysis relocate

In other recent relocations, the Hospital’s newly constructed emergency room on H-1 is operational. By the same token, the Dialysis Unit is operating from its new location on H-1.

**End of the Spotlight for Talbot Vacancy Project**

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<thead>
<tr>
<th>Department</th>
<th>New Location</th>
<th>Extension</th>
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<tbody>
<tr>
<td>Development</td>
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<td>CD-2</td>
<td>8400</td>
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<td><em>Financial Services</em></td>
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<td>8686</td>
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<td>C-6</td>
<td>7850</td>
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<td>Human Resources</td>
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<td>8585</td>
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<td>Nursing Administration</td>
<td>C-414</td>
<td>5700</td>
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<td>Nursing Education</td>
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<td>Nursing Recruitment</td>
<td>CD-2</td>
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<td>C-309</td>
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<td>Otolaryngology</td>
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<td>C-3</td>
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<tr>
<td>Surgery Chief</td>
<td>C-548</td>
<td>8413</td>
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*Financial Services and Plant Services are scheduled to move this month.*